

Alumni Association of the Daimler and Benz Foundation

INFORMATION ABOUT THE ASSOCIATION

Purpose of the Association

The Association, officially named “Alumni der Daimler und Benz Stiftung e.V.”, promotes science, research, education and, in particular, supports former as well as current scholarship holders of the Foundation. For this purpose, it organises regular, usually annual meetings for the interdisciplinary and international exchange of the scholarship holders, fosters their community and contacts with each other as well as the Foundation, and provides ideational support for scholarship holders and assistance in hardship cases.

Who can become a member?

Everyone who receives or who has received a scholarship from the Daimler and Benz Foundation or who identifies with the work and the aims of the Association or the Foundation can become a member. Persons or corporations who wish to provide special support for the Association can become sustaining members.

How do I become a member or sustaining member?

Please complete the attached membership application form as well as the direct debit mandate, if applicable, and send both documents by email to the Executive Board of the Association (vorstand.alumnidbs@gmx.de).

We would also be glad to talk personally about questions pertaining to membership or about an involvement in the Association.

Membership fee

The annual fee for membership in the Association amounts to:

- 40 € for current and former scholarship holders of the Daimler and Benz Foundation

Sustaining members can be either individual persons or corporations:

- 100 € for individual persons
- 300 € for corporations

All figures are understood as minimum amounts, higher voluntary contributions are welcome. In order to relieve the voluntary treasurer, a SEPA direct debit mandate is obligatory within the Single Euro Payments Area.

Donation certificates

As the Alumni Association is an officially registered non-profit association under German law, membership fees and donations up to 200 € per year are tax deductible and require no special certificates. For higher contributions, the Association gladly issues donation certificates upon request.

Executive Board Dr. Jochen Langer (Chairman),
Dr. Jörg Klein, Dr. Johannes Müller,
Prof. Dr. Arno Schindlmayr, Dr. Hartmut Walther
Contact
vorstand.alumnidbs@gmx.de

Bank details
Commerzbank Heidelberg
IBAN: DE52 6728 0051 0472 4422 00
BIC: DRESDEFF672

Alumni Association of the Daimler and Benz Foundation

MEMBERSHIP APPLICATION FORM

After completion, please send to:

Alumni der Daimler und Benz-Stiftung e.V., z.Hd. Herrn Dr. Jochen Langer,

Wildenwarter Str. 22, 81825 München or by email to: vorstand.alumnidbs@gmx.de

Title

Family name

Given name

Day of birth

Home address

Street, number

Postal code, city, country

Email

Business address

Company, department

Street, number

Postal code, city, country

Email

-
- I am a (former) scholarship holder and pay annually €
(at least 40 €)
-
- I support the Association as a sustaining member and pay annually €
(at least 100 € for individual persons)
-
- I support the Association as a sustaining member and pay annually €
(at least 300 € for corporations)
-

If available in my country, I oblige to make use of the SEPA direct debit scheme and attach the completed mandate to this application form. I have read the statutes of the Association and agree that my personal data are stored electronically and used for the purposes of the Association. I will treat personal details of members in confidence and utilise them solely for statutory aims of the Association.

City, Date

Signature

SEPA-Lastschriftmandat für SEPA-Basislastschriften

An*

Alumni der Daimler und Benz Stiftung e.V.
c/o Dr. Jochen Langer
Wildenwarter Straße 22
81825 München

Gläubiger-Identifikationsnummer¹ (des Zahlungsempfängers)

DE13ADB00000969638

Mandatsreferenz (max. 35 Stellen)

- Mandat für einmalige Zahlung
 Mandat für wiederkehrende Zahlungen

Ich ermächtige / Wir ermächtigen Sie, Zahlungen von meinem / unserem Konto mittels Lastschrift einzuziehen. Zugleich weise ich meinen / weisen wir unseren unten genannten Zahlungsdienstleister an, die von Ihnen auf mein / unser Konto gezogenen Lastschriften einzulösen.

Hinweis: Ich kann / Wir können innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem / unserem Zahlungsdienstleister vereinbarten Bedingungen.

| | |
|---|------------------|
| Name des Zahlungsdienstleisters des Zahlers | BIC ² |
| | |
| IBAN ³ | |
| | |

Name und Anschrift des Zahlers / der Zahler

Unterschrift(en):

Ort, Datum _____

Unterschrift(en) des Zahlers / der Zahler  _____

Raum für sonstige Angaben des Zahlers

* Name und Anschrift des Zahlungsempfängers
¹ Die Gläubiger-Identifikationsnummer für den Zahlungsempfänger wird für in Deutschland Ansässige von der Deutschen Bundesbank vergeben (siehe <http://glaebiger-id.bundesbank.de>)
² Business Identifier Code (Bank-Identifizierungs-Code)
³ International Bank Account Number (Internationale Bankkontonummer)