To the treasurer of
German Society of Humboldtians
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Deutsche Gesellschaft der Humboldtianer e.V.

German Society of Humboldtians

## **Application for Membership**

Title First name Family name
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## Private address:

Street/P.O. Box	Postal code/Place			
Email	Telephone		Fax	

## Office address:

Institution	Department/	Division etc.		
Street/P.O. Box	Postal code/Place			
Email	Telephone		Fax	

Mail address for correspondence • Office address

o Private address

I apply for membership of the German Society of Humboldtians and accept its statutes.				
From (month/year) to (month/year), I was supported by				
a (e.g. Feodor Lynen research fellowship, Humboldt research award) and worked				
with (host) at the (visited institution)				
in (location of the visited institution), (country of the institution).				
Alternatively: Merits relating to Humboldtians and stays abroad:				
o I do not participate in the direct debiting scheme, the annual membership fee is EUR 55.00.				
• I participate in the direct debiting scheme, the annual membership fee is EUR 50.00. (Please provide the bank account data on the second page).				

Place, date

## SEPA Direct Debit Mandate

Deutsche Gesellschaft der Humboldtiander e.V., Kurt-Wolters-Str. 3, 34125 Kassel, Germany

Creditor Identification No: DE64DGH00000297771

Mandate reference: will be communicated separately.

I herewith authorize the Deutsche Gesellschaft der Humboldtianer e.V. to debit payments from my account by direct debit. In parallel, I instruct my bank to honor direct debits by the Deutsche Gesellschaft der Humboldtianer e.V. to my account.

Account holder:	
(Family name and first name)	
Address:	
Street and number	
Postal code and place:	

Account number:	Bank:	
Bank code:	BIC:	
IBAN:		

Note: Within a period of eight weeks starting from the debit date, I can request reimbursement of the amount debited. The conditions agreed upon with my bank shall apply.

Place, date

Signature