

HCI – Membership Form

Humanitarian aid and community engagement

1. Personal information

First name: _____

Last Name: _____

Date of birth: _____

Street and house number: _____

Postal code and place of residence: _____

Country: _____

Phone number: _____

E-mail address: _____

2. Type of Membership

☐ Supporting member

Desired start of membership: _____

3. Membership fee (5€ per month)

Desired standing order:

☐ Monthly: ____5____ €

☐ Quarterly: __15____ €

☐ Annual: ____60____ €

Method of payment:

☐ Bank transfer (standing order)



4. Motivation and commitment

Why do you want to become a member of HCI?

5. Declarations and consents

I hereby apply for membership in HCI and accept the applicable statutes and the terms and conditions of membership of the organization.

I confirm that my information is complete and correct.

☐ I have taken note of the privacy policy.

Privacy notice* I agree that HCI may store my personal data (name, address, e-mail address and telephone number) electronically. My data will not be passed on to third parties. I can revoke my consent at any time.

City, date: _____

Signature of the applicant:

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6. Internal Area – HCI

Date of Receipt: _____

Membership number: _____

Edited by: _____

Decision:

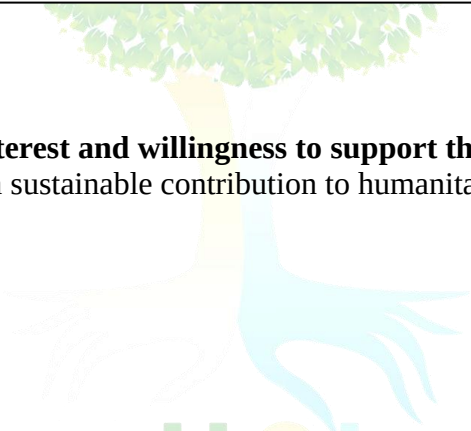
☐ Accepted

☐ Rejected

Date of decision: _____

Signature of the responsible person: _____

Thank you for your interest and willingness to support the work of HCI e.V.
Together we can make a sustainable contribution to humanitarian aid.



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