

## Membership Application Form

### SEGENA e.V.

SEGENA e.V.  
Nächst Neuendorfer Landstraße 6a  
15806 Zossen  
E-Mail: [info@segena.de](mailto:info@segena.de)

#### Personal Information

Individual  Legal Entity

Last Name, First Name:

Company (for legal entity only):

Street and House Number:

Postal code and City:

Phone:

Email:

#### Membership Declaration

I/we hereby apply for membership in SEGENA e.V.

In addition to the one-time registration fee of 25€, I/we agree to pay an annual membership fee of:

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> 60€ (Minimum contribution) | <input type="checkbox"/> 200€   |
| <input type="checkbox"/> 100€                       | <input type="checkbox"/> 250€   |
| <input type="checkbox"/> 150€                       | <input type="checkbox"/> .....€ |

#### Donation Declaration (optional)

In support of the SEGENA e.V., I/we commit to donating .....€ per:

Month  Quarter  Year  One-time

Place, Date

Signature

By signing, I consent to the storage and processing of my personal data for the purposes of pursuing the association's objectives. This includes the receipt of topic-related informational materials. I also commit to recognizing the association's bylaws and adhering to the regulations contained therein.