Membership / Course Registration

Membership:
Anita Markota
Alphabet e.V.
Königsteinerstraße 41B
65812 Bad Soden

Phone 0157 875 246 95
mail@alphabet-ev.com
www.alphabet-ev.com

Please fill out and sign membership form together with direct debit mandate (page 2) and submit to Anita Markota or literacy course teacher. All fees payable via SEPA direct debit

Membership entitles all family members to free use of Alphabet library and free/discounted participation in events and workshops. Membership renews automatically each year on Aug. 1st, unless cancelled **in writing** by July 31st.

Annual Membership Fee: €55.00 (August 1st – July 31st)

☐ **Membership only**

☐ **Membership + Course Registration**

Course fees apply. Please inquire about appropriate course level and availability.

Course Groups (ENS = English Native Speaker, EFL = English as a Foreign Language)

1 Starters (ENS) **4** A2 (ENS) **7** Flyers (EFL)
2 Movers (ENS) **5** Starters (EFL) **8** Other
3 Flyers (ENS) **6** Movers (EFL) _____

*Please tick where you would like your child to attend **ENS** classes*
____Frankfurt ____Hofheim

Personal Information

Alphabet is entitled to public funding based on member numbers. Please give names of all family members.

	First Name	Last Name	Nationality	Native Language
Parent 1				
Parent 2				

	First Name	Last Name	Date of Birth	Literacy Course Choice (see list above)
Child 1				
Child 2				
Child 3				
Child 4				

Contact Information **Emergency contact number mandatory for course enrollment!**

E-mail Address: _____
Address (Street, House #): _____
Postal/Zip Code, City: _____

Home Telephone: _____
Emergency Contact #: _____
Mobile Telephone: _____

Membership Interest

	Yes	No
Are you interested in use of our library?	☐	☐
Are you interested in events?	☐	☐
Are you interested in workshops?	☐	☐

I would like to offer my help with (optional):
☐ Alphabet library
☐ Alphabet events
☐ Alphabet administration/Fundraising

How did you learn about Alphabet? _____

_____

Date Signature

ALPHABET E.V., Kronberger Straße 98, 61449 Steinbach am Taunus

Creditor Identifier/Gläubiger-Identifikationsnummer DE55ZZZ00001629743
Mandate reference/Mandatsreferenz: Will BE NOTIFIED SEPARATELY

SEPA Direct Debit Mandate/SEPA-Lastschriftmandat
By signing this mandate form, you authorise Alphabet e.V. to send instructions to your bank to debit your account. You also authorize your bank to debit your account in accordance with the instructions from Alphabet e.V..
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the date on which your account was debited.
You agree that the pre-notification period can be shortened to six days before the payment is due.

Ich ermächtige Alphabet e.V., Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von Alphabet e.V. auf mein Konto gezogenen Lastschriften einzulösen.
Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen.
Die Frist für die Vorabinformation der SEPA-Lastschrift wird auf sechs Tage verkürzt.

_____
First and Last Name (account holder)

_____
Street Address

_____
Postal Code, City

_____ _____
Bank (Name) (BIC)

DE____|_____|_____|_____|_____|_____
IBAN

_____

Signature