Filled in by	Silicon Saxony	/ e. V.
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MNo.:

Membership from: Fee:

## SILICON SAXONY e. V. MEMBERSHIP APPLICATION FORM



Silicon Saxony e. V. Board Manfred-von-Ardenne-Ring 20 F 01099 Dresden

BOARD:

Dirk Röhrborn, Raik Brettschneider Yvonne Keil, Prof. Dr. Frank Schönefeld

Registration court Dresden VR 3903 TAX Number: 202/142/07533 VAT Registered No.: DE222662079

Regular Member: Sponsor:

A separate remuneration package is available for sponsoring members. We will gladly supply you with the relevant information upon request.

<u>Company:</u>		Founded:	
2. address line:		Number of Employe	ees:
Street:		Head Office:	
ZIP/City:		State:	
Phone:		Fax:	
E-mail:		Web:	
Managing Director:		Phone:	
E-mail:		Fax:	
Contact Person (for the ass	sociation):		
Function:		Phone:	
E-mail:		Fax:	
Business fields: (Pleas	se mark the main market segments where yo	ou are active)	
Semiconductor	(Renewable) Energies	Aerospace	Equipment
Biotechnology	Medicine / Pharmaceutical	Communication	Electronics
Hardware	Automotive	Software	Environment
Date:	. S	Signature:	
we consent to all data being prod	re acknowledge the charter and the regulation obsessed and stored by means of EDP exclusive the Federal Data Protection Act. The other me	ly in the sense of the associatio	n Silicon Saxony e. V. in the
<u>Payment:</u>			

The Payment is to be carried out in accordance with the regulation of contributions. Payment via:

Invoice

Debit authorization (I agree with details of my account information and my signature that the cost of my membership can be directly debited from my account until I revoke my consent. Please fill and sign the following SEPA Direct Debit Mandate)



## **SEPA Direct Debit Mandate**

for SEPA Core Direct Debit Scheme

Creditor name and address

Silicon Saxony e. V. Manfred-von-Ardenne-Ring 20 F 01099 Dresden

**Recurrent Payments** 

CI/Creditor Identifier **DE20ZZZ00001061080** 

Mandate reference corresponds to membership number

**SEPA Core Direct Debit Mandate** 

We authorise the creditor

Silicon Saxony e. V.

to send instructions to our bank to debit our account in accordance with the instructions from the creditor

Silicon Saxony 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 8 weeks starting from the date on which your account was debited.

Debtor name (Company/Name, Street name and number, Postal code and City)				
Bank				
BIC	IBAN			
Location, Date	Signature(s) of the debtor			
Ecoulist, Bute	olgridian o(o) of the debion			