

PASSIVE MEMBERSHIP APPLICATION

(§ 8 Abs. (7) der Satzung)

NEM Association of medium-sized European manufacturers
and distributors of food supplements & health products e.V.
Horst-Uhlig-Str. 3, D – 56291 Laudert, Fax: + 49 (0) 6746 / 80298 – 21



Please send by fax , post or E-Mail: info@nem-ev.de

First and Last name:

Street:

Postcode, town:

Phone:

Fax:

E-Mail:

University:

I apply for passive membership in the NEM e.V.

For an annual fee of € 12,00

A copy of the enrollment certificate is attached to this application.

Place, Date

Signature/Membership

For a SEPA direct debit mandate, please also fill in page 2!

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Creditor identification number: DE76ZZZ00000222380

SEPA DIRECT DEBIT MANDATE

Mandate reference is your membership number and will be communicated to you by email.

I authorize NEM e.V. to collect payments from my account by direct debit. At the same time, I instruct my bank to redeem the direct debits drawn on my account by NEM e.V.

Note: I can request reimbursement of the amount debited within eight weeks, starting with the debit date. Applicable in this regard by the contract with my bank conditions.

First name and surname Account holder:

Street:

Postcode, town:

IBAN:

BIC: *(8 or 11 digits)*

Place, Date

Signature / SEPA direct debit