

APPLICATION FOR FULL MEMBERSHIP

NEM Verband mittelständischer europäischer Hersteller
und Distributoren von Nahrungsergänzungsmitteln & Gesundheitsprodukten 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

Companies:

Executive Director/Executive Partner:

Shareholder:

Contact Person: *(First and Last Name)*

Street:

Postcode/town:

Commercial Register No./District Court:

Phone:

Fax:

E-Mail:

Homepage:

I apply for full membership of the NEM e.V. – including the COS department:

for an annual fee of 700.00 €.

as a business founder for an annual contribution of 350.00 € for the first two years.
A copy of the business registration is attached to this application.

as a small business owner with an annual contribution of 120.00 €.
Proof according to the sales tax law is attached to this application.

I choose the following payment method (only possible with SEPA direct debit mandate):

Annually (due on January 10th of each year)

Semi-annually (due on January 10th and July 10th of each year)

Quarterly (due on January 10th, April 10th, July 10th, October 10th of each year)

Please send me an invoice for the annual fee.

The notice period is regulated in our articles of association in § 3 membership and is 3 months before the end of the year.

I agree to the announcement of my membership:

yes

no

Place, date

Signature/membership/company stamp

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

APPLICATION FOR FULL MEMBERSHIP

NEM Verband mittelständischer europäischer Hersteller
und Distributoren von Nahrungsergänzungsmitteln & Gesundheitsprodukten e.V.
Horst-Uhlig-Str. 3, D - 56291 Laudert, Fax: + 49 (0) 6746 / 80298 - 21



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