

Membership Form for Individuals



Personal Information

We are delighted that you would like to support the work of our association through your membership.

I hereby apply for membership in the association mates4health e.V.

Salutation*

Title

First name*

Last name*

Birth date*

Street and house number*

Postal code*

City, Country*

Telephone number

E-Mail address*

Note:

The membership begins with confirmation by mates4health e.V. The membership fee is due immediately after admission and is valid for the current calendar year.

I am applying for a reduction ...

- ☐ ... because I am currently still in training.
- ☐ ... because I am retired or on parental leave.
- ☐ ... because I am from a LMIC (according to the DAC list).

I am submitting the relevant evidence along with my application for admission.

*required information



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Project ideas

Do you have your own project ideas or suggestions on how the association could get involved?
If so, we would be delighted if you could briefly outline them here:

We would be happy to get in touch with you to discuss a possible implementation.

*required information

mates4health.com
info@mates4health.com



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Social Media and Volunteering

To facilitate communication within mates4health e.V., we are considering setting up a community channel (e.g. via WhatsApp). Do you agree that we may contact you via WhatsApp? If so, please enter your WhatsApp number.

WhatsApp number

Can we reach out to you on social media? If so, where can we find you and under what name?

☐ Facebook:

☐ Instagram:

☐ LinkedIn:

Would you be interested in volunteeringly support us?

- ☐ Yes, I am interested and would like to know more the possibilities.
- ☐ No, not at the moment.
- ☐ I am not sure, but please keep me informed.

How did you hear about mates4health e.V.?

(e.g. via a recommendation, social media, event, website, ...)

Is there anything else you would like to share with us?

*required information



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Confirmation

Please confirm:

- ☐ I consent to the storage and processing of my personal data (name, address, date of birth, telephone number and email address) by the association mates4health e.V. in accordance with data protection laws, particularly § 33 of the Federal Data Protection Act. My data will be used exclusively for statutory purposes, such as collecting contributions or sending informational materials. It is possible that mates4health e.V. may use and process my data to send me information about future events and campaigns carried out by the association, either alone or in cooperation with other organizations. Additionally, mates4health e.V. will not share my personal data with third parties outside the association, such as for commercial advertising purposes.
I understand that my application for membership with mates4health e.V. cannot be approved without this consent.
- ☐ I have read and understood the privacy policy.
- ☐ I am aware that voluntary withdrawal from the association membership is only permitted at the end of the financial year, by giving one month's written notice to the board. The membership fee paid remains due regardless.
- ☐ I am aware that the membership fee is due immediately after joining mates4health e.V. and is valid for the current calendar year.
- ☐ I am aware that I can revoke this declaration of membership in writing within 10 days of signing it. Timely dispatch of the revocation is sufficient to meet the deadline.

Date

Signature

Note:

mates4health e.V. is recognized by the Munich tax office as a non-profit association. Contributions and donations are therefore tax-deductible. For amounts up to 300 EURO, the transfer or direct debit receipt from your bank is sufficient proof. We will be happy to issue you with a donation receipt on request.

*required information

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