Ganymedes Membership Form 2023 - 2024

Ganymedes LGBT Student Association Groningen



Information			
First name [/chosen]:			
Last name:			
Date of birth:			
Address:			
Postal code and city:			
Telephone number:			
E-mail:			
Educational institution:			
Level of education:			
Start of program:			
Student nr/NAW nr:			
The person above hereby become	omes a member of Gan	ymedes LGBT Student Association Gr	roningen.
 □ I will pay the annual men □ I accept the privacy policy <u>www.ganymedes-lgbt.nl/inf</u> □ I give Ganymedes LGBT Simage on their public change 	y of Ganymedes (to b fo). Student Association G	pe found on our website: Groningen permission to use my r	name and
	Ganymedes the means to	Association Groningen (Ganymedes) to contact above person for association pure of Ganymedes.	
documents can be found on our w - to authorize Ganymedes to, unti The annual contribution fee is dete - to agree with the fact that witho college year (September 1), Gany - To agree with the fact that it is o this happens within two weeks of	stated in the statutes, hou ebsite: www.ganymedes-l I termination of the membermined at the general meut termination of the memmedes will silently extendingly possible to terminate signing up at Ganymedes	ership, debit the annual contribution to thembers meeting. The bership, at least two weeks before the state the membership with the duration of one a membership in the same financial year LGBT Student Association Groningen.	heir bank account tart of the new e year.
The membership fee for the year 2	2023-2024 is determined t	.o be €50,	
Signature			
Place:	Date:	Signature:	

Signature Secretary: