Ganymedes Halfyear Membership Form







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 beco	mes a member of Ganymedes LGB	T Student Association Groningen.
www.ganymedes-lgbt.nl/inf	y of Ganymedes (to be found on o). Student Association Groningen p	
person at the association and give prove to the RUG and Hanze that a By signing the above person decla - to hold themself to the rules as a documents can be found on our we to authorize Ganymedes to, until The annual contribution fee is determined to agree with the fact that withous emester (September 1/February - To agree with the fact that it is o this happens within two weeks of second control of the second cont	Ganymedes the means to contact above above person is a member of Ganymederes: Stated in the statutes, house rules and a lebsite: www.ganymedes-lqbt.nl/info . termination of the membership, debit termined at the general members meeting at termination of the membership, at leverthing the desired at the membership, at leverthing the desired at the membership, at leverthing the desired at the desired at the membership, at leverthing the desired at the	any possible decisions by the board. All these the annual contribution to their bank account. In a second with a second with the start of the new membership with the duration of half a year. In the same financial year if
Place:	Date:	Signature:
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Signature Secretary: