Ganymedes Membership Form 2024 - 2025





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	BT+ Student Association Groningen.
www.ganymedes-lgbt.nl/ab	y of Ganymedes (to be found or <u>out)</u> . Student Association Groninger	n our website:
person at the association and give		n Groningen (Ganymedes) to register above we person for association purposes and to es.
documents can be found on our work to authorize Ganymedes to, until The annual contribution fee is determined to agree with the fact that without college year (September 1), Ganyon To agree with the fact that it is o	stated in the statutes, house rules and a ebsite: www.ganymedes-lqbt.nl/about . I termination of the membership, debit ermined at the general members meeting	the annual contribution to their bank accounng. <u>east two weeks before the start of the new</u> ship with the duration of one year. to in the same financial year if
The membership fee for the year 2	2024-2025 is determined to be €60,	
Signature		
Place:	Date:	Signature:

Signature Secretary: