Ganymedes Special Membership form 2025 - 2026

Ganymedes LGBT+ Student Association Groningen



Information			FMVERENIGH
Name [/chosen]:			
Last name:			
Date of birth:			
Address:			
Postal code and city:			
Telephone number:			
E-mail:			
Educational institution:			
Level of education:	□ МВО	□ Other:	
Start of program:			
The person above hereby become	s a membe	r of Ganymedes LGBT-	+ Student Association Groningen.
 □ I will pay the annual membe □ I accept the privacy policy of www.ganymedes-lgbt.nl/about □ I give Ganymedes LGBT+ Stimage on their public channels 	f Ganymed <u>t)</u> . udent Asso	les (to be found on o	our website: permission to use my name and
register above person at the asso	ciation and	give Ganymedes the r	ociation Groningen (Ganymedes) to means to contact above person for re person is a member of Ganymedes.
board. All these documents can be to authorize Ganymedes to, untibank account. The annual contribute to agree with the fact that without	stated in the found on of termination fee is out termination fee is out terminat	our website: www.gan on of the membership, determined at the ger ion of the membership	debit the annual contribution to their
- To agree with the fact that it is only possible to terminate a membership in the same financial year if this happens within two weeks of signing up at Ganymedes LGBT+ Student Association Groningen.			
The membership fee for the year	2025-2026	is determined to be €0	60,
Signature			
Place:	Date:		Signature:

Signature Secretary: