

Application

Bavarian Red Cross membership (BRC)

*mandatory information

1. Personal information

first name* surname* gender (f/m/d)
 date of birth* place of birth birth name*
 nationality/-ies language/-es
 street* zip code* city*
 phone number* mobile number
 e-mail*
 driving license/-s date of issue

2. Application data

I am applying for the following Bavarian Red Cross branch
 Subdivision (e.g. local group, place, group)

Medical Services as member to the work group
 free collaboration (§ 49 Medical Services regulations)

Lifeguard Service membership fee in EUR membership fee in words
 optional family fee in EUR family fee in words

For the payment of the membership fee, please fill out the attached SEPA mandate

Youth Red Cross as member temporary membership (§ 4 passage. 6 Youth Red Cross regulations)

Health and Social Services as member unattached contributor (Point 4 of Red Cross regulations)

I am available for the following task

Please send a passport photo* (max. 100 KB) as jpg or png
 to following e-mail address (to be filled out by branch)

3. General information

I am/was already a member of the GRC/BRC (honorary position)

 name Red Cross association since/from to

I am/was a member of another voluntary organization

 name organization since/from to

Emergency contact (for minor members, parent/guardian)*

first name* name* mobile*
 address* relationship to member*

4. Advertising

May we contact you for further information via telephone?*	yes	no
May we send you information via e-mail?*	yes	no

You can revoke your consent at any given time

5. Signature

I declare my willingness to fully recognize the constitution of the BRC as well as the relevant order, framework guideline and service regulation of the Red Cross community of the BRC and all rights and obligations stemming from them. More information can be found on the BRC website at brk.de/ehrenamt/. The constitution can be found online at brk.de/rotes-kreuz/ueber-uns/satzung/ or be requested from your local branch.

The data protection information Art. 13 DS-GVO is refereced; this can be viewed at brk.de/service/datenschutz/.

In case you should require a printed version, please do not hesitate to ask.

date, city*

signature*

in case of minors, signature of legal guardian/legal guardians required

6. Processing notes (to be filled in by the district association)

Seen by local Red Cross group	<input type="text"/>	<input type="text"/>
	date	signature
If member of water rescue	<input type="checkbox"/> active	<input type="checkbox"/> passive
If for a specific task	<input type="checkbox"/> according to § 7.2.2.	<input type="checkbox"/> according to § 7.2.3. BRC bylaws
Seen by local Red Cross Branch	<input type="text"/>	<input type="text"/>
	date	signature
Processed by volunteer management of the local branch	<input type="checkbox"/> confirmed	<input type="checkbox"/> declined
	<input type="text"/>	<input type="text"/>
	date	signature
<input type="text"/>		<input type="text"/>
date of record		membership number

If interested in the Bavarian Mountain Rescue please contact your local mountain rescue group (bergwacht-bayern.de). In this case you do not need to fill out this application located close to their location directly.

SEPA direct debit mandate)**

I/We authorize below mentioned payee to collect payments from my/our account by direct debit. I/We will also instruct my/our credit institution to honour the direct debits drawn on my/our account by the payee below.

Note: I/We can demand a refund of the debited amount within 8 weeks, starting from the debit date. The conditions agreed with my/our credit institution are apply.

Mandate reference (***)

(***) will be submitted separately

Payee **Bavarian Red Cross**

(BRC-structure)

Creditor identification number

DE

creditor identification number of the payment recipient

Name of Bill Payer

first name and surname of the payer (account holder)

Credit institute

name of the bill payer (account holders`) credit institute

IBAN

DE | | | | |

international bank account number of the bill payer (account holder)

Signature

location, date

signature of the bill payer (account holder)

additional information

If account holder is different from the debtor/contract partner, this SEPA direct debit mandate applies to the agreement with

first name and surname of the debtor/ contract partner

**) if relevant

***) Please mark applicable information