

Registration Form

Combined Alumni of the ACD



Personal details:

Name*:	_____	Gender:	_____
Surname*:	_____	Date of birth:	_____
Address:	_____	Zip code:	_____
City:	_____	Country:	_____
E-mail address*:	_____	Phone:	_____

About your studies:

I*:	_____	Year commencement*:	_____
<input type="checkbox"/>	am a former member/alumnus	Year of graduation:	_____
<input type="checkbox"/>	have been a board member in: _____		
<input type="checkbox"/>	am a member of merit		
<input type="checkbox"/>	am a honorary member		

Any comments about your time at the ACD: _____

About the VOLA:

I want to receive:

- Periodical physically (ACiD) – 4x per year
- Periodical digitally (ACiD) – 4x per year
- Almanac – 1x per 5 jaar
- Invitations to the general members meeting

- Member mail

*) These fields are mandatory when filling in

About the costs and personal details:

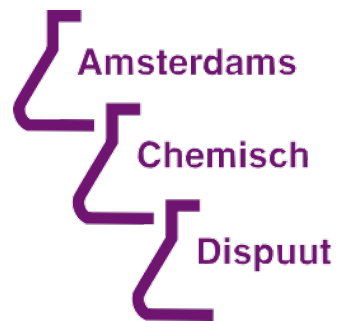
- fill in the authorization form (next page) and authorize the ACD to debit the annual contribution from my bank account.
- will transfer the annual contribution every year in October.
- am honorary member / member of merit

I: accept the privacy conditions set by the ACD, which can be found on the website.

Authorization Form Amsterdams Chemisch Dispuut

SEPA

Name: Amsterdams Chemisch Dispuut
Address: Science Park 904, A0.09
1098 XH Amsterdam
Phone: 0205257861
E-mail: bestuur@acdweb.nl
IBAN: NL45INGB0000154992
BIC: INGBNL2A
KvK: 40530501
Incassant ID: NL60ZZ405305010000



Here I authorize the Amsterdams Chemisch Dispuut to debit €15,00 [In words: fifteen euros] of my bankaccount, yearly.
This is tacitly renewed annually.

Payment: Annual contribution VOLA.

Authorization issued by:

Name*: _____

Address*: _____

Zip code*: _____ City: _____

Country*: _____

IBAN number*: _____

BIC: _____

Signature Date Place

Signature Board Member

*) These fields are mandatory when filling in