



MEMBERSHIP APPLICATION FORM

Membership No : _____
(Office Use Only)

First Name	Last Name	
Date of Birth	Gender	<input type="radio"/> Male <input type="radio"/> Female
Status	<input type="radio"/> Single <input type="radio"/> Married	Profession
Street	Postal Code, City	
E-mail(s)		
Mobile No(s)	WhatsApp No(s)	

Family Members Details (Only for Family Membership)

Given Name (First, Last)	Date of Birth	Gender	Relationship

Membership Plan
(Bank Transfer is preferred)



Family Membership
40 € / Calendar Year



Adult Individual Membership
25 € / Calendar Year



Student Membership
10 € / Calendar Year

Membership Declaration & Consent

- I confirm that I am at least 18 years of age.
- I have read and accept the Membership Terms & Conditions of Frankfurt Tamil Sangam e.V.
- I understand that my membership application will be processed only after payment of the membership fee and is subject to approval by the Executive Board.
- I am aware of my 14-day right of withdrawal in accordance with § 355 BGB, provided no membership benefits have been used.
- I acknowledge that membership is valid for one calendar year, is non-transferable, and will automatically renew unless cancelled in writing by 30 November.
- I agree not to use or represent Frankfurt Tamil Sangam e.V. for personal, commercial, or professional purposes without prior written approval.
- I understand that Frankfurt Tamil Sangam e.V. may terminate my membership in case of false information or conduct contrary to the association's objectives, without refund of fees.
- I consent to the processing of my personal data for membership administration in accordance with the GDPR (DSGVO) and BDSG, and I am aware of my rights to access, correction, deletion, restriction, and withdrawal of consent at any time.
- I consent to add given Whatsapp number in WhatsApp group for communication.

I agree to the above Terms and Conditions of the Frankfurt Tamil Sangam e.V.

Date, Place

Signature