



# Mieterbund Nordhessen e.V.

## MEMBERSHIP APPLICATION

Hereby I declare my accession  
to the Mieterbund Nordhessen e.V.  
and to the

Legal expenses insurance of the German tenant association

|        |  |   |
|--------|--|---|
| to the |  | (semi-annually, as of 01.01. or 01.07.) |
|--------|--|---|

The membership fee is **3,75 €** per month, per calendar year **45,00 €**. In case of payment / deduction of the annual contribution by 31st of March of every year, the contribution for the year will be reduced to **37,50 €**. The annual contribution of the legal expenses insurance is **26,00 €**. I commit to pay my annual contribution in advance up to 31st of January of every year, if payment is not received within the indicated time, there will be no claim to recover process costs. In addition, a one-off entry fee of **15,00 €** will be charged.

According to the Federal Data Protection Act we advise you that all data which is in connection with your membership will be stored on a data carrier and saved in accordance with legal regulations. I agree that all personal informations which are important for the membership will be stored on a data carrier and transmitted to the DMB rental-legal expenses insurance and to the DMB publishing company.

That declaration can be withdrawn at anytime. The membership statute and also the conditions of the DMB-legal expenses insurance have been handed over to me. I acknowledge both, likewise I noted the privacy policy.

I already have a rental right insurance

Free tenant newspaper

pick up  print  online

**Please always fill in:**

**Main Member**     Sir     Mrs.

|                               |  |              |          |
|-------------------------------|--|--------------|----------|
| Surname                       |  | First name   |          |
| Street, House number          |  |              | Birthday |
| Post Code, Place of residence |  | Phone number |          |
| E-Mail address                |  |              |          |
| Date, <b>Signature Member</b> |  |              |          |

**Payment by direct debit**  
Please use the Sepa form

**Partner Membership** has also signed the rental agreement / or lives in your household)  
The association has to be notified of any changes immediately.

|                               |  |            |          |
|-------------------------------|--|------------|----------|
| Surname                       |  | First name |          |
| Street, House number          |  |            | Birthday |
| Post Code, Place of residence |  |            |          |

To be completed by the office only:

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| MZ: ____ RSV: ____       | membership number: _____ | ID card sent             |
| Paid contribution: _____ |                          | at the: _____ from: ____ |