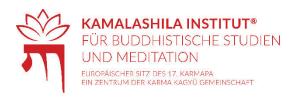
## Become a supporting member of the Karma Kagyu Community Germany e.V.!



Yes, I would like to be a supporting member of the Karma Kagyu Community Germany - Tibetan Buddhist Religious Community e.V. and thus promote the activities of Kamalashila Institute.

First and last names		Email address
Address (street and no., postal code and to	own, country)	Phone no
The membership fee is at least 132 Euros per year. I will pay		
☐ a higher amount of in quarterly installments ☐ in bi-	Euros annual installments	☐ a standard amount of 132 euros ☐ in annual installments.
The membership will continue until 31st December of each year and is self-renewing for each year, thereafter. The cancellation period is three months and must be a written notice.		
Payment of membership fee:		
<ul><li>☐ I will pay by standing order</li><li>☐ I will pay by direct debit authorisation</li></ul>		
Issuance of a direct debit authorization and a SEPA direct debit mandate		
Issuance of a direct debit authorization number: DE Mandate reference (to be filled in by	94 453 00000 10507	
Creditor identification number: DE Mandate reference (to be filled in by  Direct debit authorization I revocably authorize the payee (name account when they are due. At the same account when they are due.	94 453 00000 10507 payee): e see above) to collect the time, I instruct my see above). Note: I can	the payments by direct debit from my bank to redeem the direct debits drawn request reimbursement of the debited
Creditor identification number: DE Mandate reference (to be filled in by  Direct debit authorization  I revocably authorize the payee (name account when they are due. At the sam from my account by the payee (name amount within eight weeks, starting w	94 453 00000 10507 payee): e see above) to collect ne time, I instruct my see above). Note: I can with the debit date. Ap	the payments by direct debit from my bank to redeem the direct debits drawn request reimbursement of the debited oplicable are the contract conditions
Creditor identification number: DE Mandate reference (to be filled in by  Direct debit authorization  I revocably authorize the payee (name account when they are due. At the sam from my account by the payee (name amount within eight weeks, starting wagreed with my bank.	94 453 00000 10507 payee): e see above) to collect ne time, I instruct my see above). Note: I can with the debit date. Ap	the payments by direct debit from my bank to redeem the direct debits drawn request reimbursement of the debited oplicable are the contract conditions