



Application for Membership of the Children's English Library e.V., Traubergstr. 30, 70186 Stuttgart

Parents first name(s) and family name(s): _____

Nationality (optional) _____

First name(s) and surname(s) of children	and their dates of birth:
_____	_____
_____	_____
_____	_____

Street and house no.: _____

Postal code: _____ Town: _____

Telephone: _____

E-mail address: _____

Please advise us promptly of change of address/email/bank details etc.

I consent to photos taken at CEL being used for publicity for CEL on the CEL website or displayed in CEL. (If you do not agree to photographs of your children being used in this manner please strike through this statement)

I would like to join the CEL Members' Only Facebook Group using this e-mail _____.

We recognize the Articles of Association of CEL e.V. and agree to abide by the Rules of the Library. We consent that the above details be processed in accordance the CEL Data Usage and Privacy Statement.

The annual family membership fee is 50 Euro per year. This is to be paid by direct debit and will be debited on the anniversary of the month in which you joined. Membership can be cancelled by giving written notice at least three months before your subscription is next due for collection.

Date: _____ Signature: _____

Where did you hear about the library? _____

CEL is run entirely by volunteers. Are you willing to help by helping at events staffing the library (training providing) leading a workshop reading leading singing helping with class visits (weekday morning) baking for events other _____

SEPA-Lastschriftmandat Hiermit ermächtige ich die Children's English Library e.V. (Gäubigeridentifikationsnummer DE12ZZZ00000331396) den Mitgliedsbeitrag jährlich widerruflich jeweils zu Lasten meines Kontos

Bank.: _____

IBAN: _____

BIC.: _____

Kontoinhaber: _____

mittels Lastschrift einzuziehen. Wenn mein Konto die erforderliche Deckung nicht aufweist, besteht seitens des kontoführenden Kreditinstituts keine Verpflichtung zur Einlösung.

Datum: _____ Unterschrift des Kontoinhabers: _____

For Office use.	Membership Number / Mandatsreferenz 10000_ _ _
On Computer:	Bankcard checked ___ Processed by _____ date: _____