



Membership Form

I would like to become a full member of the

**Arbeitskreis donauschwäbischer Familienforscher e. V.
(AKdFF), Goldmühlestraße 30, 71065 Sindelfingen, Germany**

Membership number
Assigned by AKdFF

Surname		First name(s)	
Birth name		Date of birth	
Place of birth		Profession / Titles	
City, Zip Code		No. and street	
State / Province		Country	
Telephone		E-Mail	

I request that the quarterly member journal "Donauschwäbische Familienkundliche Forschungsblätter" (DFF) be sent to me as:

Print

PDF file by E-Mail

Declaration of consent:

I agree with the storage of my data (exclusively to statutory responsibilities) and consent to the disclosure to other members. I have taken note of the statutes and accept them as binding on admission.

Private Policy:

The above data are only in the context of the need for billing and support your membership collected and processed.

.....
Place, Date



.....
Signature



The AKdFF is member no. 39 of the *Deutsche Arbeitsgemeinschaft genealogischer Verbände e. V.* (DAGV), founded May 28, 1949 in Frankfurt am Main, Germany



Questionnaire

Arbeitskreis donauschwäbischer Familienforscher e. V. (AKdFF)
Goldmühlestraße 30, 71065 Sindelfingen, Germany

Dear new member!

Please fill out this questionnaire as completely and legibly as possible, sign it and return it to us together with the other original forms to: Arbeitskreis donauschwäbischer Familienforscher e. V., Goldmühlestraße 30, 71065 Sindelfingen, Germany

Surname: Member's no.

First name(s):

Profession / Titles:

No. and street:

City, Zip code:

Country:

Telephone:

Fax:

E-Mail:

Homepage:

Date of birth: Birth name:

Place of birth:

1. Family names of interest (*please include places and areas*):

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2. Place / area / country of interest:

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3. My genealogical work is: Transcribing church records, writing family books, which place(s), surnames, time period (from - to), other:

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4. I have research materials on the following surnames (*please include places and time period, on additional pages if necessary or add computer printouts*)

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5. „Brick walls“: Latest known information (maximum ten, with source):

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On all included material please add your name and address!

I agree with the publication of the information given here in the AKdFF member's list.

.....
Place, Date



.....
Signature

Declaration Of Consent To The Publication Of Data And Images On The Internet

Member (Name) Member no.

AKdFF hereby points out that sufficient technical measures have been taken to guarantee data protection. However, if personal member data is published on the Internet, comprehensive data protection cannot be guaranteed. Therefore the member takes note of the risks for a possible personal injury and is aware that

- the personal data can also be retrieved in countries that do not have data protection regulations comparable to those of the Federal Republic of Germany,
- confidentiality, integrity (inviolability), authenticity (authenticity) and availability of personal data are not guaranteed.

The member makes this decision voluntarily to publish his data on the Internet and can revoke his consent to the association board at any time.

Declaration:

I confirm that I have taken note of the foregoing and agree that the Arbeitskreis donauschwäbischer Familienforscher e. V. (AKdFF) the following data to my person (*please mark with a cross*)

- First name, sure name
- Address
- Telephone number (landline), Fax
- Telephone number (mobile)
- E-Mail
- Photos
- Function in the club (only for function carriers)
- Other (research results, publications)

as stated on the website of the association <https://www.akdff.de>. This permission is effective immediately and can be revoked at any time.

.....
Place, Date



.....
Signature



Direct Debit Authorisation

I hereby revocably authorize the ARBEITSKREIS DONAUSCHWÄBISCHER FAMILIENFORSCHER, Goldmühlestraße 30, 71065 Sindelfingen, Germany, to pay the membership fee of

European Union **45 Euro** Eastern Europe **20 Euro**

from my account by direct debit for the first time as from
At the same time I instruct my bank to redeem the direct debits drawn by AKdFF into my account.

Note: I may request a refund of the charged amount within eight weeks of the debit date.
The conditions agreed with my bank apply.

Creditor Identification number	DE39ZZZ00000703487
Mandate reference number	<i>Assigned by AKdFF</i>
Name of account holder	
Address of account holder	
IBAN	
Name of bank	

Please note: We cannot accept foreign currency, private cheques or credit cards. Members remain registered until they cancel their membership independently and in due time by September at the latest.

Alternative payment methods:

My full membership dues of **50 Euro** for the year as direct payer

- are included cash in this letter
- were sent via PayPal to paypal@akdff.de

The due annual contribution should be paid to the AKdFF in the first quarter of a calendar year (at the latest by April).

.....
Place, Date



.....
Signature