

MEMBERSHIP APPLICATION

Organizational Information:

Organizational Name	
Street	
City, Postal Code, State	
Country	

Contact Information

Company Representative

(Primary contact point between your company and the openHAB Foundation e.V.)

Name	
Title	
Email address	
Street	
City, Postal Code, State	
Country	
Mobile	
Fax	
Telephone	

Billing Contact

(This information is required so openHAB Foundation e.V. can send a bill for the membership fees)

Name	
Title	
Email address	
Street	
City, Postal Code, State	
Country	
Mobile	
Fax	
Telephone	



openHAB Foundation e.V., Kollwitzweg 10, D-64327 Ober-Ramstadt

IBAN DE07508501500000759821, BIC HELADEF1DAS

MEMBERSHIP APPLICATION

We hereby apply for a membership of the openHAB Foundation e.V. as an ordinary member

starting today

starting on

day / month / year

The membership fees are available at <http://www.openhabfoundation.org/members/fees>

City, Date, Signature

.....
(legal representative)

With my signature I confirm that I have read and that I acknowledge the constitution in its current version on www.openhabfoundation.org/constitution.

please send the filled out form to:
membership@openhabfoundation.org

Payment Method

Please withdraw the membership fee

- OR -

We will pay the membership fee

annually

semi-annually

annually

semi-annually

via SEPA (fill in fields below)

within 14 days after the date of the invoice

via PayPal from the following account:

to the above mentioned account

(only allowed if SEPA is not available in your country)

to the PayPal account:

info@openhabfoundation.org

SEPA Direct Debit Mandate (Recurrent Payments)

Creditor identifier: DE39ZZZ00001924135

Mandate reference: will be send afterwards

By signing this mandate form, you authorise the openHAB Foundation e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from openHAB Foundation e.V.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimend within 8 weeks starting from the date on which your account was debited.

I agree to shorten the period of notice to one day (advance notice) with regard to the date and amount of the contributions/payments to be collected.

Name of the bank: BIC:

Account owner: IBAN:

.....
city

.....
date

.....
signature
(legal representative)