

## MEMBERSHIP APPLICATION

I hereby apply for a membership of the openHAB Foundation e.V.:

Last name, first name	.
Date of birth	.
Street	.
City, Postal Code, State	
Country	
Telephone	
Email	

starting today  
starting on

day / month / year

**as an ordinary member with voting rights**  
**as a sustaining member without voting rights**

(for fees please see: <http://www.openhabfoundation.org/members/fees>)

### City, Date, Signature

.....  
(minors need the signature of a legal representative)

*With my signature I confirm that I have read and that I acknowledge the constitution in its current version at [www.openhabfoundation.org/constitution](http://www.openhabfoundation.org/constitution).*

please send the filled out form to:  
[membership@openhabfoundation.org](mailto:membership@openhabfoundation.org)

### Payment Method

I will pay the membership fee      annually      semi-annually

via SEPA (please fill out mandate below)

via PayPal from the following account: .....

only allowed if SEPA is not available in your country!

(no action required from you, we will send you payment requests whenever fees are due)

### SEPA Direct Debit Mandate (Recurrent Payments)

Creditor identifier: DE39ZZZ00001924135

Mandate reference: will be sent 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 claimed 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

(minors need the signature of a legal representative)