



**English Language Teachers' Association Berlin-Brandenburg
Form**

New Membership Registration Form/Change of Membership Information

A regional professional association and resource group for teachers of English as a foreign language in the Berlin-Brandenburg area www.eltabb.com

Full name (Mr / Ms / Dr)	Address line 1		Address line 2
Email	City	Postal Code	Telephone 1
Telephone 2	Fax		Website
Please describe your professional specializations for your membership entry (e.g. business English, young learners, VHS, etc.)			

I would like my name and all above information to be: kept confidential made available to other members

Please check the appropriate box: I am registering as a new member I am renewing after a sabbatical I am updating my membership information

For direct debit, please complete the following:

<p>I / we hereby empower ELTABB to debit the bank account below with the annual sum of €40,00 by direct debit for the duration of my/our membership. Cancellation of membership must be received by ELTABB in writing four weeks before the end of the financial year (by 1st December). Cancellation after 1st December results in liability for the following year's membership fee. If the stated bank account holds insufficient funds to cover the Direct Debit, the institution which holds the account is under no obligation to cover the transaction. In this eventuality, the member is liable and will be invoiced for any charges incurred to ELTABB.</p> <p><i>Hiermit ermächtige(n) ich/wir Sie widerruflich, den Jahresbeitrag (wird jährlich von der Mitgliederversammlung beschlossen, Stand 2006: €40,00) bei Fälligkeit zu Lasten meines/unseres hierunter angegebenen Kontos durch Lastschrift für die Dauer meine Mitgliedschaft einzuziehen. Die Kündigung der Mitgliedschaft muss schriftlich vier Wochen (zum 1. Dezember) vor Jahresende erfolgen. Sollte diese Frist nicht eingehalten werden, wird die Kündigung erst zum 31. Dezember des Folgejahres wirksam. In diesem Fall wird auch der Mitgliedsbeitrag für das betreffende Jahr fällig. Wenn das angegebene Konto die erforderliche Deckung nicht aufweist, besteht seitens des kontoführenden Geldinstituts keine Verpflichtung zur Einlösung. In diesem Fall wird die ELTABB entstehende Bearbeitungsgebühr dem Mitglied in Rechnung gestellt.</i></p> <p>Signature and date / Unterschrift und Datum _____</p>			
Name on account / Kontoinhaber	Account number / Kontonummer	Routing code / Bankleitzahl	Name of bank or institution

Please provide the following information for statistical purposes: I am... an employee freelance a native speaker of English a non-native speaker of English

Organizing all of the activities and services ELTABB offers to its members involves a lot of work. Most of the behind-the-scenes preparation is carried out on a voluntary basis by the members of the ELTABB management-team, but we can't do everything! We need members' ideas and suggestions for workshops and speakers. We need members' contributions to fill the newsletter with informative, engaging articles and reviews. We need hands-on assistance with a variety of important tasks, some of them very simple. Please check the activities you would be interested in doing on an occasional basis.

Helping with the organization of events Helping with mailings Writing reviews or other materials for the newsletter Running a workshop

Please remember to inform the current membership secretary of any changes in address, email address, or bank details. Thank you.

Place, day, signature

Please post this form to the Membership Secretary: Ms Simone Neumann, Weselerstr. 16, 10318 Berlin
For more info: Tel: (030) 501 59 708, membership@eltabb.com