



ELTABB

ENGLISH LANGUAGE TEACHERS' ASSOCIATION
BERLIN-BRANDENBURG

Membership Application Form

version 2018-05-02

Please print clearly in block letters.

Full Name* _____

Address Line 1* _____ Address Line 2 _____

City* _____ Postal Code* _____ Country*: _____

Email Address* _____ Telephone* _____

Website/Blog _____

**required information*

I am (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> an employee: | <input type="checkbox"/> a freelancer and work in: | <input type="checkbox"/> other language professional (please specify): |
| <input type="checkbox"/> In-company | <input type="checkbox"/> Private language school | _____ |
| <input type="checkbox"/> Volkshochschule | <input type="checkbox"/> Private Business English agency | |
| <input type="checkbox"/> State school | <input type="checkbox"/> State school/university | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Private school/university | |
| | <input type="checkbox"/> Direct contracts | |

Please tell us a few words about your background as an English language professional:

Please tell us how you found out about ELTABB:

- | | | |
|---|--|--|
| <input type="checkbox"/> ELTABB Website | <input type="checkbox"/> ELTABB Facebook group | <input type="checkbox"/> ELTABB Meetup group |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other: _____ |

Please tell us why you decided to join ELTABB. What benefits do you expect to receive from membership?

By submitting the above information and signing below, I agree that, upon receipt of membership fee:

- ELTABB will subscribe my email address to their monthly e-newsletter and other mailings (I can unsubscribe at any time),
- ELTABB will send my email address to Pavilion Publishing Ltd for my free subscription to English Teaching Professional digital magazine. (I may contact them directly to unsubscribe at any time).

I understand that my contact details will not be made available to all members, but will only be used by the current ELTABB Board members for administrative purposes.

Signature _____

Place / Date _____

Please remember to inform the Membership Coordinator of any changes to your contact details or bank information. ELTABB is not responsible for fees incurred due to incorrect/outdated bank info.

Your membership will be activated upon receipt of membership fee, either by successful direct debit authorization or manual payment. Please allow 1-2 weeks for processing of your application.

Please print, sign, scan and email this form to the Membership Coordinator (membership@eltabb.com) or send it by post to:

ELTABB c/o Nicholas Terpolilli, Greifswalder Str. 205, 10405 Berlin.

For office use only:	<input type="checkbox"/> 2018	<input type="checkbox"/> 2023	<input type="checkbox"/> 2028
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> 2019	<input type="checkbox"/> 2024	<input type="checkbox"/> 2029
<input type="checkbox"/> Standing Order	<input type="checkbox"/> 2020	<input type="checkbox"/> 2025	<input type="checkbox"/> 2030
<input type="checkbox"/> Corporate: _____	<input type="checkbox"/> 2021	<input type="checkbox"/> 2026	<input type="checkbox"/> 2031
	<input type="checkbox"/> 2022	<input type="checkbox"/> 2027	<input type="checkbox"/> 2032

Direct Debit Authorization Form / Lastschrifterteilung

Please print clearly in block letters.

Name on account/
Kontoinhaber

IBAN

BIC / SWIFT

Name of bank/
Kreditinstitut

Annual Membership Fee = €40,00

Date of application: _____

Fee for first year of membership (check one):

- €40 when joining in Jan/Feb/Mar/Apr/May/Jun
- €30 when joining in Jul/Aug/Sep
- €20 when joining in Oct/Nov/Dec

Payment notes:

For office use only

ELTABB Officer Signature: _____

I/we hereby empower ELTABB to debit the bank account above with the annual membership fee by direct debit for the duration of my/our membership. Cancellation of membership must be received by ELTABB in writing not later than four weeks before the end of the financial year (by December 1st). Should this deadline not be respected, the cancellation shall not take effect until 31 December of the following year. In this case, the membership fee for that year is due. 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. Please notify the Treasurer if you change banks. Fees charged to ELTABB as a result of processing the direct debit to a cancelled bank account will be charged to the member.

Hiermit ermächtige(n) ich/wir Sie widerruflich, den Jahresbeitrag bei Fälligkeit zu Lasten meines/unseres oben angegebenen Kontos durch Lastschrift für die Dauer meiner 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 für ELTABB entstehende Bearbeitungsgebühr dem Mitglied in Rechnung gestellt.

Signature / Unterschrift

Place, Date / Ort, Datum