

# Membership

E.S.B.V. Buitenwesten

Undersigned hereby registers as a member of E.S.B.V. Buitenwesten.

Membership fees (to be filled in by board): full year €60, half year €30.



First name \_\_\_\_\_

Initials \_\_\_\_\_

Surname \_\_\_\_\_

Street name, number \_\_\_\_\_

Zip code, city, country \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

IBAN \_\_\_\_\_

Membership type            full year/half year

[Optional] Questionnaire: How did you hear about Buitenwesten?

- Student Union website
- From a friend or housemate
- Social media
- Flyers
- Other: \_\_\_\_\_

[Optional] Buitenwesten has a Whasapp group for unofficial communication. Would you like to be added to it?

- Yes
- No

Undersigned certifies the above information is correct and agrees to the terms and conditions as stated on page 2 of this document.

Date

Signature

