

**First name(s)**

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**Last name**

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**Adress**

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**E-mail address**

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**Postal code**

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**Place of residence**

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**Date of birth**

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**Place of birth**

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**Nationality**

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**Telephone number**

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**Student**

Yes     No

**If yes, at:**

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*I hereby allow AEGEE-Tilburg in Tilburg to annually withdraw the contribution, laid down by the rules and regulations of AEGEE-Tilburg, at this moment €20,00, from my account until written membership cancellation.*

**Signature**

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**IBAN**

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*I hereby agree with the rules and regulations of AEGEE-Tilburg and the storage of my data for administrative purposes. This data will be deleted no later than 18 months after becoming an alumnus. This form has been completed truthfully. Membership extends annually on September 1. I am a member till written membership cancellation before the 1st of September.*

**Signature**

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**Place**

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**Date**

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