



European TRIZ-Campus e.V.
Welleröder Str. 51
34253 Lohfelden
Phone 05608-958680
www.triz-campus.eu

Application for membership

I,

Name, first name, date of birth

Street, house number

Zip code, place of residence

E-mail

hereby apply for the admission to the European TRIZ-Campus e.V. I accept the statutes and regulations of the association.

The membership fee of EUR 60 (as of 2026) will be collected via SEPA direct debit. I hereby authorize the ETC treasurer to collect the annual membership fee from my account by direct debit. At the same time, I instruct my bank to honor the direct debits drawn on my account by you.

IBAN:

BIC:

Bank:

Note: I can request a refund of the debited amount within four weeks of the debit date. The terms and conditions agreed with my bank apply.

Place, date, signature

I agree to storage, transmission, and processing of my personal data for association purposes in accordance with the Federal Data Protection Act.