

# Application

## Bavarian Red Cross membership (BRC)

\*mandatory information

### 1. Personal information

first name*	<input type="text"/>	surname*	<input type="text"/>	gender (f/m/d)	<input type="text"/>
date of birth*	<input type="text"/>	place of birth	<input type="text"/>	birth name*	<input type="text"/>
nationality/-ies	<input type="text"/>	language/-es	<input type="text"/>		
street*	<input type="text"/>	zip code*	<input type="text"/>	city*	<input type="text"/>
phone number*	<input type="text"/>		mobile number	<input type="text"/>	
e-mail*	<input type="text"/>				
driving license/-s	<input type="text"/>	date of issue	<input type="text"/>		

### 2. Application data

I am applying for the following Bavarian Red Cross branch

Subdivision (e.g. local group, place, group)

**Medical Services**  as member to the work group   
 free collaboration (§ 49 Medical Services regulations)

**Lifeguard Service** membership fee in EUR  membership fee in words   
 optional family fee in EUR  family fee in words

For the payment of the membership fee, please fill out the attached SEPA mandate

**Youth Red Cross**  as member  temporary membership (§ 4 passage. 6 Youth Red Cross regulations)

**Health and Social Services**  as member  unattached contributor (Point 4 of Red Cross regulations)

I am available for the following task

Please send a passport photo\* (max. 100 KB) as jpg or png to following e-mail address *(to be filled out by branch)*

### 3. General information

I am/was already a member of the GRC/BRC (honorary position)  
  
 name Red Cross association  since/from  to

I am/was a member of another voluntary organization  
  
 name organization  since/from  to

Emergency contact (for minor members, parent/guardian)\*

first name*	<input type="text"/>	name*	<input type="text"/>	mobile*	<input type="text"/>
address*	<input type="text"/>		relationship to member*	<input type="text"/>	

#### 4. Advertising

May we contact you for further information via telephone?*	yes	no
May we send you information via e-mail?*	yes	no

**You can revoke your consent at any given time**

#### 5. Signature

I declare my willingness to fully recognize the constitution of the BRC as well as the relevant order, framework guideline and service regulation of the Red Cross community of the BRC and all rights and obligations stemming from them. More information can be found on the BRC website at [brk.de/ehrenamt/](http://brk.de/ehrenamt/). The constitution can be found online at [brk.de/rotes-kreuz/ueber-uns/satzung/](http://brk.de/rotes-kreuz/ueber-uns/satzung/) or be requested from your local branch.

The data protection information Art. 13 DS-GVO is refereced; this can be viewed at [brk.de/service/datenschutz/](http://brk.de/service/datenschutz/).

In case you should require a printed version, please do not hesitate to ask.

date, city\*

signature\*

*in case of minors, signature of legal guardian/legal guardians required*

#### 6. Processing notes (to be filled in by the district association)

Seen by local Red Cross group	<input type="text"/>	<input type="text"/>
	date	signature
If member of water rescue	<input type="checkbox"/> active	<input type="checkbox"/> passive
If for a specific task	<input type="checkbox"/> according to § 7.2.2.	<input type="checkbox"/> according to § 7.2.3. BRC bylaws
Seen by local Red Cross Branch	<input type="text"/>	<input type="text"/>
	date	signature
Processed by volunteer management of the local branch	<input type="checkbox"/> confirmed	<input type="checkbox"/> declined
	<input type="text"/>	<input type="text"/>
	date	signature
<input type="text"/>		<input type="text"/>
date of record		membership number

If interested in the Bavarian Mountain Rescue please contact your local mountain rescue group ([bergwacht-bayern.de](http://bergwacht-bayern.de)). In this case you do not need to fill out this application located close to their location directly.

## SEPA direct debit mandate\*\*)

I/We authorize below mentioned payee to collect payments from my/our account by direct debit. I/We will also instruct my/our credit institution to honour the direct debits drawn on my/our account by the payee below.

Note: I/We can demand a refund of the debited amount within 8 weeks, starting from the debit date. The conditions agreed with my/our credit institution are apply.

**Mandate reference**  (\*\*\*)

(\*\*\*) will be submitted separately

**Payee** **Bavarian Red Cross**

(BRC-structure)

**Creditor identification number**

DE

creditor identification number of the payment recipient

**Name of Bill Payer**

first name and surname of the payer (account holder)

**Credit institute**

name of the bill payer (account holders` ) credit institute

**IBAN**

DE  |  |  |  |  |

international bank account number of the bill payer (account holder)

**Signature**

location, date

signature of the bill payer (account holder)

### additional information

If account holder is different from the debtor/contract partner, this SEPA direct debit mandate applies to the agreement with

first name and surname of the debtor/ contract partner

\*\* ) if relevant

\*\*\*) Please mark applicable information