

## SOUTHERN CAMEROONS EUROPEAN WOMEN e.V. SCEW

## **Registration form for SCEW Members**

Mrs. ( ) Prof. ( ) Dr. ( Please tick what is applicable)	) Reg	gistration-Nr.:	SCE-
First Name and Last Name			
Name of Street, house number			
Area code /City and country			
Telephone number			
Would you like to join the WhatsApp group of the association?			
( ) Yes	( ) No		
Email-Adresse			
Would you like to be included in the mailing list of the association?			
( ) Yes	( ) No		
Membership fee <b>5€</b> monthly		Registration t	fee <b>10€</b> paid once yearly
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Payment Options:			
☐ I pay the membership fee of <b>€5</b> every month			
<ul> <li>I make a standing order of 5 € every month from my bank account</li> <li>I pay € 30 twice a year. Latest on the 31st of January and on 30th of June</li> </ul>			
☐ I pay the full annual amount of <b>60</b> € once a year, latest January 31 <sup>st</sup>			
Agreement: I have read the Bylaws and I have been instructed about my rights and duties as a SCEW member. I agreed to comply with the terms.			
<b>Privacy</b> : Your data will be used purposely for internal administrative issues only. It will NOT be made accessible to a third party without your approval.			
We thank you for trusting in us. We hope that through our collective efforts, we will effectively carry out humanitarian activities to better the living standards of war affected persons and also look for peaceful solutions to end the conflict in Southern Cameroons and in other war torn regions in Africa.			
God bless you			
Place/Date		Signature	