

UDUMA Inc.
Medical and Technical Help for
East and Central Africa

Oberlaender Wall 30
50678 Koeln
Germany



Membership application form

I hereby request to become a member of UDUMA Inc. Oberlaender Wall 30, 50678 Koeln. I have the right to cancel my membership at the end of the month without giving reasons.

Company Name

Title/First Name/Surname

Address

Postal Code

Town/City

Tel.

Fax

E-Mail

I wish to make a regular donation of 1,- € per month to become a member of UDUMA Inc.
 5,- € year
 10,- €
 , - €

which will be transferred to the Bank fuer Sozialwirtschaft account - Sort code: 37020500 Account number: 8316800 - for UDUMA Inc. Oberlaender Wall 30, 50678, Koeln (International transfers: IBAN DE 17 3720 0500 0008 31 68 00, BIC BFSWDE33XXX)

which should be collected by direct debit.

Please send me the annual donation receipt to the above e-mail address by 31st January.

Place, date, signature (stamp, if applicable)

Direct Debit Authorisation

I hereby authorise UDUMA Inc, Oberlaender Wall 30, 50678 Koeln, to debit the membership fee of

, - € per month

per year

Bank

Account number

Sort code

Place, date, signature (stamp, if applicable)