



To the Collector of DGfS

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Statement for Payment of Reduced Membership Contribution

Regarding my membership in DGfS, I declare that the requirements for the reduced membership contribution are still applicable. My income is below 1.100€ pre-tax monthly, i.e. 13,200€ annually. Please find attached the proof of the amount of my income.

Name

Private address

Signature: _____

Place, Date: _____

Please note:

For the reduced membership contribution to be accepted for the current year, this statement must be made available to the Collector of DGfS annually by March 31st of the current year. Otherwise DGfS is authorised to collect the full membership contribution.