



**To the Treasurer 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 Treasurer of DGfS annually by March 31st of the current year. Otherwise DGfS is authorised to collect the full membership contribution.