

APPLICATION FOR MEMBERSHIP

Please send to GdF by mail:

Gewerkschaft der Flugsicherung e.V.

Frankfurt Airport Center 1
Gebäude 234, HBK 31
Hugo-Eckener-Ring
60549 Frankfurt am Main

Male Female

Occupation: Air traffic controller Flight data specialist
 Technician Administration

Division: Tower Center
 CNS / SIS UZ

Other _____

Surname / First name

Company / branch

Date of birth

The amount of contribution is subject to GdF-Richtlinie „Beitrag“.

Home address

Salary: Group _____ Level _____

Salary band _____ Part-time _____ %
Yes No

Postal code/City

Private email

Monthly gross salary

Method of payment: monthly quarterly
 bi-annually annually

Telephone

Location, date

Signature

SEPA Direct Debit Mandate

GdF e.V. · Gewerkschaft der Flugsicherung, Am Hauptbahnhof 8, 60329 Frankfurt am Main

Creditor identifier DE20GDF00000976399

Mandate reference is your future membership number



Direct debit mandate

By signing this mandate form, you authorise to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Surname / First name of account holder

Bank

BIC

IBAN

Location, date

Signature

All data will be stored by computer.