An den VHW-Landesverband Schleswig-Holstein

c/o Dr. Udo Rempe, Kopperpahler Allee 92, 24119 Kronshagen, rempevhw@gmail.com

# Aufnahmeantrag: VHW-SH

Hiermit beantrage ich meine Aufnahme in den VHW-Landesverband Schleswig-Holstein.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Familienname) |  | (Vorname) |
|  |  |  |
| (Besoldungs- oder Entgeltgruppe) |  |  |

Bitte ankreuzen:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | befristetes Arbeitsverhältnis |  | unbefristetes Arbeitsverhältnis |  | Beamtenver­hältnis auf Zeit |  | Beamtenverhältnis auf Lebenszeit |  | Beamtenverhältnis auf Widerruf |

Bei Mitgliedern einer Hochschule: Zugehörigkeit zur Gruppe…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | des nichtwissenschaftlichen Dienstes |  | des wissenschaftlichen Dienstes |  | der Hochschullehrerinnen und Hochschullehrer |

|  |  |  |
| --- | --- | --- |
| Dienstanschrift: |  | |
|  | (Dienststelle oder Hochschule) | |
|  |  | |
|  | (ggf. Einrichtung oder Abteilung) | |
|  |  | |
|  | (Straße) | |
|  |  |  |
|  | (Postleitzahl) | (Ort) |
| Telefon (dienstlich): |  | |
| Email (dienstlich): |  | |
|  |  | |
| Privatanschrift: |  | |
|  | (Straße) | |
|  |  |  |
|  | (Postleitzahl) | (Ort) |
| Telefon (privat): |  | |
| Email (privat): |  | |

Bankverbindung:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kontoinhaber: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | | | |  | | | |  | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | |  | | | |  | | |
| IBAN: |  | D | E | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | | | |
|  |  |  | |  | |  | |  | |  | | (Bankleitzahl) | | | | | | | | | | | | | | | | |  | | (Kontonummer) | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | |
| BIC: |  |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | | |  | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | |  | | |  | | | | | |  | | | |  | | | |
| Kreditinstitut: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | |  | | |  | | | | | |  | | | |  | | | |

Ich werde den Landesvorstand über Änderungen meines Beschäftigungsverhältnisses informieren, ins­besondere über einen Wechsel vom Beamten- zum Angestelltenverhältnis und umgekehrt. Ferner ist mir bekannt, dass eine Kündigung der Mitgliedschaft nur zum Jahresende möglich ist und bis zum 30. September erfolgt sein muss. Ich ermächtige den VHW-Landesvorstand, meinen Mitgliedsbeitrag von der­zeitig **10,- EUR (ab A13, E 13 oder W1)** **monatlich**, vorbehaltlich des jederzeitigen Widerrufs, von meinem oben genannten Konto abzu­buchen. Die erste Abbuchung bestätigt meine Mitgliedschaft.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_.\_\_\_.\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ort) (Datum) (Unterschrift)