

Seitenwechsel
Sportverein für FrauenLesbenTrans*Inter* und Mädchen e.V.
Gneisenastr. 2a
10961 Berlin

Application for payment of the reduced membership fee of Seitenwechsel e.V.

Herewith I apply for a reduction of my association fee for
the next **12 month**

UNTIL ____ / **20** ____
(month) / (year)

I hereby certify that my net income including all additional income amounts to **max. 1,000 EUR**.

As proof I have enclosed (please mark with a cross):

- Bafög notification
- Notice from Jobcenter / Agentur für Arbeit
- Berlin-Pass
- Wage/salary statement for the last 3 months
- Bank statements of the last 3 months (if nothing else is available)

In special cases that cannot be proven via the above papers, please contact the office first to find a solution. The same applies to cases that have more than 1,000 EUR but want a reduction for other reasons (e.g. single parent, special situation, etc.).

A certificate of enrollment will NOT be accepted as proof of financial situation.

After 12 months, I will provide **proof again** or I will automatically be placed in the next higher contribution class. Should my **financial situation change** within the reduction period of 12 months in such a way that I have more than 1,000 EUR at my disposal, I **undertake to inform** the Seitenwechsel office.

name: _____ date of birth: _____
(in block letters)

adress or club membership number: _____
(in block letters)

(place, date)

(signature)