

APPLICATION FORM

Spiele-Autoren-Zunft e.V. (SAZ)
Friedhofstr. 1
68623 Lampertheim
Deutschland

Checked and approved by the Board:

☐ Yes ☐ No Date _____

☐ DB ☐ ML ☐ BA ☐ GL

I herewith apply for membership in the Game Designers Association (SAZ)

Please fill this form on the PC or use clear print letters and print it. All entries marked with an **asterisk*** are required! All other indications are voluntary. Do not forget your signature.

First name*		<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> diverse
Last name*				
Street + No.*				
ZIP code*				
City*				
Country*				
Phone				
Email*				
Website				
Date of birth* DD.MM.YYYY				
Profession				

☐ **Application for a regular membership:** I am game author and have already published games or developed as a prototype. **Please name games** and enclose as proof for prototypes a copy of the game rules and possibly a photo. Prototype proofs will be deleted or returned as soon as they become known.

Game title*	Prototype	Publisher	Year
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Yes		

☐ **Application for a supporting membership:** I am not a game author, but I will support the SAZ.

BYLAWS & DATA PROTECTION

☐ **Mandatory box*:** I have read and accept the **bylaws** of the association and the **data protection guideline**. In particular, I agree to the storage of the above-mentioned personal data, my bank data and the sending of all member information material via an externally stored mailing list. For the networking of authors among each other, the email address can be forwarded to SAZ regional representatives. In addition, no data will be passed on to third parties without the prior consent of the member. All detailed rights regarding information, disclosure and deletion are contained in the data protection guideline.

Membership fee*:

- ☐ I will pay the regular annual membership fee of **EUR 100.00**
- ☐ I **will pay the** reduced annual membership fee (e.g. with low income, as a student, as a pensioner, as a family member or as an underage person) of **EUR 60.00**
- ☐ I will pay in the 1st year of membership the reduced annual trial membership fee for new members without existing publication of **EUR 60.00** – from the following year then the regular € 100,00
- ☐ I will pay as supporting member the minimum fee of **€ 60,00**
- ☐ I will voluntarily pay a higher annual membership fee of a total of **EUR**

With a mandate, the contributions will be collected by direct debit. The association sends an invoice - in the following years in April for the current fiscal year (April to March). Contribution discounts between October and December (50%) are automatically considered. If you start between January and March, the contribution for the following year is due immediately, these three months remain free of contribution. All classifications deviating from the regular annual fee are at the discretion of the member and can be adjusted annually if necessary. **Membership is automatically renewed for a further year if it is terminated not later than 15th March of each year.**

SEPA Direct Debit Mandate (Creditor identifier of the SAZ: DE 56 ZZZ 00000 196 84 1):

By signing this mandate form, you authorise the Spiele-Autoren-Zunft e.V. (SAZ) to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the Spiele-Autoren-Zunft e.V. The mandate reference (membership number) will be sent separately from the SAZ office. Note: 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 eight weeks starting from the date on which your account was debited. **This mandate is mandatory in Europe!**

Name of my bank:			
IBAN:		Swift/BIC:	

- ☐ I am **Citizen of a non-European country** and pay by bank transfer or by PayPal.

I have read and accept the data protection information of SAZ on page 1.

City/Date:

Signature:

What we would like to know from you:

This information is voluntary and serves Executive Board and Management to optimize the work of SAZ and to address members according to your wishes and abilities.

■ How did you hear about SAZ?

- ☐ Recruited by the SAZ member:
- ☐ Internet | ☐ Leaflet | ☐ Event

■ Goals and activities: Why will you join SAZ? What are your expectations to SAZ?

■ Involvement: Are there subjects, tasks or events in which you would consider participating? Or do you have special skills, hobbies, language skills, expertise etc. that you might be able to bring to SAZ?

■ Miscellaneous: What other wishes do you have regarding SAZ?

We are looking forward to welcoming you in the SAZ!

SAZ-Office: Friedhofstr. 1, 68623 Lampertheim, Germany

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