Registration form CognAC

Signature: _

Study Association CognAC
P.O. Box 9104
6500 HE Nijmegen

Email: secretary@svcognac.nl
KvK: 40146461
NL75 RABO 0184 8452 03

Yes! I will become a member of CognAC, the Study Association for Artificial Intelligence at the Radboud University in Nijmegen.

collect a contribu	ear member, and hereby give permission to Study Association CognAC to ation of ≤ 7.50 for every year that I am registered as an Artificial Intelligence the contribution increases I will be informed on time, but my membership smatically.
	udy member , and hereby give permission to Study Association CognAC to e contribution of $\leqslant 20$
The following informat	ion needs to be filled in completely:
First name:	
Last name:	
Student number:	
Date of birth:	
Email address:	
Phone number:	
Date today:	
○ I agree with the	privacy statements as found on the website of SV CognAC.
	sted in receiving emails from CognAC regarding events, vacancies or other by sponsors of CognAC. (Optional)

To collect contribution and pay for some of the activities we ask you to also sign the SEPA-form, so Study Association CognAC can carry out the debit orders.

SEPA Debit Mandate



Study Association CognAC uses preauthorized debits to collect the contribution and to let you pay for some of the activities. Study Association CognAC will never collect your money without informing you first.

Collectors information

Name: Nijmeegse Studievereniging CognAC

Address:Postbus 9104Zip code:6500 HECity:NijmegenCountry:Nederland

Debit identification: Your relation number* **Debit collector ID**: NL20ZZZ401464610000

By signing this form you give Study Association CognAC permission to sent preauthorized debits to your bank to collect money from your bank account corresponding to the debit order of Study Association CognAC.

If you do not agree with the collection of money from your bank account, you can reverse the entry. Contact your bank within 8 weeks after the collection. Ask your bank for the terms and conditions.

Personal information

First name:	
Last name:	
IBAN:	
BIC**:	
Place of signing:	
Date of signing:	
Signature:	

^{*:} You can request this number by sending an email to secretary@svcognac.nl.

^{**:} You do not have to fill in the BIC if you have a Dutch bank account.