



Asatru Europe Network e.V.
Postfach 320167
50795 Köln
Germany

board@asatru-europe.network

Application for institutional membership

We want to join AEN as an institutional member.

Full name: _____
legal name, including appendices if applicable

Postal address: _____
Street address, ZIP Code, City, Country code

Office Email address: _____
required

Office Phone nr.: _____
optional, incl. country code

- ☐ We fully accept and support the Statutes and the Mission Statement of AEN.
- ☐ We agree with AEN storing and processing our organisational data for administrative purposes only.
- ☐ We are aware that our membership is only valid once AEN confirms our application. If not decided otherwise, the membership will be a sponsoring membership for at least a year and a day. See Statutes § 6, Section 2.
- ☐ We are aware that membership fees will be raised and we will receive payment notifications via email once these are due. No payments have to be made without notification.
- ☐ We accept that all legal correspondence with AEN will be via email and that it is our obligation to monitor our email inbox and that we are obliged to notify AEN if our email address changes. This is valid for the named representatives (see page 2) of our association or group, as well.

Type of institutional membership:

- ☐ We are an “association” in the context of the AEN Statutes, § 10. This means, we have the status of a legally registered and/or tax-recognized private association within our country and have a Board of Directors representing and executing legal matters of our association.
- ☐ We are a “group” in the context of the AEN Statutes, § 10. This means, we do not have the status of a legally registered or tax-recognized private association within our country. In this case, please append a short description of your group and explain, why the person signing this application is entitled to do so. We expect that groups joining AEN are based on and working by democratic principles.

Annual status report

For the purposes of determining the number of voting rights within the AEN General Assembly and the annual membership fees, we need to have the number of “paying members” of your group or association – see Rules of Procedure, § 1. This number will be valid for the rest of the year.

We have _____ paying members.

This number of paying members has to be confirmed or updated annually until February 16th – see Rules of Procedure, § 1, section 5.

Once our application has been approved and confirmed, the following persons will be delegated to act as our representatives in the General Assembly of AEN. The number of executable voting rights will be determined in the confirmation of membership. The number of representatives may be smaller but not larger than the number of voting rights.

The names of the representatives will have to be confirmed or updated annually until February 16th – see Statutes, § 10. These representatives will be valid for the rest of the year if AEN does not receive updates from the association or group.

Repr. 1: _____
Full name

Email address

Repr. 2: _____
Full name

Email address

Repr. 3: _____
Full name

Email address

Repr. 4: _____
Full name

Email address

Repr. 5: _____
Full name

Email address

Confirmation:

I do sign this application as a valid legal actor of the applying association or group.

Full name

Function

Location, date

Signature

Additional information on our association or group:

Please send this application via regular mail to the AEN postal address in the upper right corner of this form.