

Membership Application

I/we apply for membership in the International Association for SAP Partners (IA4SP) e.V.

Name of the company / the institution:	
Street name:	
ZIP code, City:	
Homepage:	

Contact Person in your company/ institution:

SAP Partner-/ Alliance Manager:	Marketing / Business Development Manager:
Name:	Name:
Telephone number:	Telephone number:
Mobile number:	Mobile number:
E-Mail:	E-Mail:

Administrative Contact Person:	Commercial Contact Person / Commercial/Accounting Contact Person:
Name:	Name:
Telephone number:	Telephone number:
Mobile number:	Mobile number:
E-Mail:	E-Mail:

Invoice address (if different to company address):

Place, date

Authorized signature and stamp of the company

Company Data

Number of employees: _____ of which are in the SAP field: _____

Annual sales: _____ of which are SAP sales in millions of Euros: _____

SAP Partner status for a full membership according to the IA4SP statutes:

	SAP Partner	SAP Global Partner
SAP Business Process Outsourcing (BPO) Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Application Management (AMS) Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Business Objects Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Channel Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Cloud Services Provider	<input type="checkbox"/>	<input type="checkbox"/>
SAP Education Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Hosting Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Language Service Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP OEM Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Services Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Software Solution Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Support Partner	<input type="checkbox"/>	<input type="checkbox"/>
SAP Technology Partner	<input type="checkbox"/>	<input type="checkbox"/>

Brief description of the SAP Business Model according to the IA4SP statutes:

Fee categories

The financial contribution is divided into three categories – **please check the correct box**

Fees category A €500.00 annually

- Companies with sales up to €250 million p.a.
 - The areas of “research & teaching” at publically funded universities and polytechnics.

Fees category B €1000.00 annually

- Companies with sales of more than €250 million p.a.

Fees category C €100.00 annually – Associate Partner

- Companies with sales up to € 500,000 p.a.

(Member with this membership have no voting rights. They cannot vote at the general meeting or exercise any official representative function outside the association.
After two years the member is obliged to bare again the sales p.a., if exceeding 500.000 p.a. they will automatically classified in class A.

The above fees apply until amended by a resolution passed at a general meeting. These fees also apply if membership begins in the middle of a calendar year.

IA4SP Registration:

The administrative contact person for your company will receive an E-mail confirmation of membership and further information about the IA4SP in the next few days.

- **Please read the statutes of the International Association for SAP Partners (IA4SP) e.V.**
- **IA4SP information is confidential and is only allowed to be used within the IA4SP.**
- **IA4SP membership is a company affiliation, which means that all colleagues at your company can register for Wiki and the newsletter and actively play a role in the working groups.**
- **By becoming a member you agree that the IA4SP saves and uses your data for the association's work and forwards your information (also by E-mail).**
- **By signing, you are assuring the accuracy of the information provided.**
- **Please notify the association of any changes immediately.**

Date

Name in block letters

Signature and stamp

Contact:

International Association for SAP Partners (IA4SP) e.V.

Altrottstrasse 31
Partner-Port
69190 Walldorf
Germany

Tel.: +49-6227-73-33 00
Fax: +49-6227-73-33 01
E-Mail: info@ia4sp.org
Web: www.ia4sp.org

SEPA Direct Debit Mandate

Recipient of payment:	IA4SP e.V. Partner-Port Altrottstraße 31 69190 Walldorf
Creditor Identifier	DE 11ASP00000657537

I hereby authorize IA4SP, in accordance with the association statutes of the general meeting, to debit the following account of the specified contribution. This authorization can be revoked at any time and results in a withdrawal from the association.

Name of bank	
International Bank Account Number (IBAN)	D E
BIC	
Name and address of the payer:	
Account holder's signature	

Please note:

Within eight weeks, commencing on the debiting date, I can request a reimbursement of the debited amount. The conditions agreed with my bank apply.

Date

Name in block letters

Signature and stamp