

# Membership Request



I want to be a member:

Name: \_\_\_\_\_

Street, House-Nr.: \_\_\_\_\_

Postcode / City \_\_\_\_\_

Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I will pay the annual member-donation each year in the amount of **15** Euro to the account below. The amount is due at 01.01. of each year. I agree that at third reminder from the donation, my membership is closed.

I agree with the club regulations.

Date \_\_\_\_\_ Signature \_\_\_\_\_