

Application for Membership



I hereby apply for admission to

SV Sorghof 1969 e.V.

Last name

First Name

Zip code and residence

Street

Date of birth

Phone number

E-Mail address

Entry

Type of membership

- Family¹** **96 €/Year**
- Adults** **48 €/Year**
- Pensioner** **40€/Year**
- Youths** **22 €/Year** (from the age of 14)
- Children** **14 €/Year** (up to 14 years of age)

¹Marriage Partner / Life partners / Family members

Last name

First Name

Date of birth

I am aware of the association's statutes * and accept them in their entirety, which also regulate the written termination of membership at the end of the year with the board of directors. I undertake to pay the annual dues listed above as applicable to me/us. Data, names and addresses required for membership services will be stored in automatic files. An admission to the association without the processing of the data required for membership administration in the sense of the statutes is not possible.

Location, Date

Signature

[for minors' signature of the legal guardian(s)]

SEPA direct debit mandate

Creditors Name: Sportverein Sorghof 1969 e.V.

Creditors Address: Heringnohe 17, 92249 Vilseck

Creditor identifier: **DE73ZZZ00001393030**

Mandate reference (is filled in by the association):

I/we authorize SV Sorghof 1969 e.V. to collect payments from my/our account by direct debit. At the same time, I/we instruct our credit institution to honor the direct debits drawn on my/our account by the payee (SV Sorghof 1969 e.V.).

Note: I/we can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed upon with my/our credit institution apply.

Payment method: recurring payment (as long as membership exists)

Address of debtor: see overleaf

Debtor account number - IBAN

BIC

Location, Date

Name of debtor

Signature of the debtor
