

**Gesunde Bulldoggen e.V.**

**Application for membership**

Please fill in the marked array, print it and sign and send the original to



**Bettine Reinkenobbe, Am Wäldchen 4, 40882 Ratingen** (For minors the parents should s

Or by email (scanned with both signatures) to:

[post@gesunde-bulldoggen.de](mailto:post@gesunde-bulldoggen.de)

**I hereby apply for membership in the registered association Gesunde Bulldoggen e.V.**

Main Member

Affiliated member (family member) of:

Date of birth

Name, first Name

Street, postcode and town

Telephone and mobil number

E-mail adress

**SIGNATURE:** .....

**SEPA direct debit mandate (compulsory)**

**I hereby authorize Gesunde Bulldoggen e.V. to debit my account for once only payment of admission fee and for the annual payments of the membership fee. At the same time I instruct by bank to honour the direct debit drawn on my account by Gesunde Bulldoggen e.V. . Should my account not be covered, there is no obligation for the bank to honour the direct debit. The bank charges resulting out of the withdrawal are at my expense.**

Name of account holder

Bank

IBAN

BIC

Place and date

**SIGNATURE:** .....

Note: I can demand for reimbursement of the debited amount within 8 weeks from debit date on. The terms and conditions of my bank apply

Admission fee and membership fee:

Only once admission fee : 20 Euro

Annual membership fee : 30 Euro

Annual membership fee for associated member : 20 Euro

Annual contribution pensioners / severely handicapped (proof)

Admission fee is waived: 20 Euro

In case of membership after the 30<sup>th</sup> of June, only half of the a.m. membership fees will be charged.

With my / our signature, I / we agree that my/our data are saved for club purposes only.

**SIGNATURE:**