

MEMBERSHIP APPLICATION

According to the Articles of Association I register		as a member of the Sport Club Frankfurt 1880 e.V.:	
First name	Surname		Date/place of birth
Street, house number		Postcode	City
Occupation/school		Email	
Telephone (mobile)	Telephone (private)		Telephone (business)
WHICH SPORT DO YOU WISH TO PLAY?	RUGBY	CKEY TEN	NIS LACROSSE CLUBSPORT
PAYMENT METHOD	BY DIRECT DEBI	T issued by a SEP	PA Direct Debit Mandate (see below).
Frankfurt om Main tha	Annual	Biannu	Quarterly
Frankfurt am Main, the	BY INVOICE for a	processing fee o	of €5.00 per year (annual payment only).
Signature		For minors: sign	nature of parent or guardian
The undersigned legal representatives agree by their signature that they are fully liable for the membership fee and its prompt payment. With the above signature, the currently valid version of the articles of association is recognized as binding. Voluntary withdrawal can be made at year end, and must be received in writing no later than 30 September.			
SEPA DIRECT DEBIT MANDATE			
CREDITOR NAME:	CREDITOR II		
Sport-Club Frankfurt 1880 e.V. CREDITOR ADDRESS:	DE62zzz00000611796 MANDATE REFERENCE (TO BE		BE COMPLETED BY THE CREDITOR):
Feldgerichtstraße 29 60320 Frankfurt am Main			
By signing this mandate form you authorise the creidtor Sport-Club Frankfurt 1880 to send instructions to you bank to debit my account and your bank to debit your account in accordance with the instructions from the creditor. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks, starting from the date on which your account was debited.			
Member(s) name(s)		Me	embership number (if known)
Assembly Identify and address		D	
Account holder name and address		ва	nk name
IBAN (max. 35 characters)		BI	C (8 or 11 characters)
Date Location		Signature of ac	count holder