## Declaration of membership Aqua Kids e.V.

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	<u>First name</u>	<u>Da</u>	te of birth	<u>Gender</u>
1):	_			m f d
2):	_			m f d
3):	_			m f d
4):	_			m f d  Male / female / divers
oining as family membership?	Yes PLEASE FILE	LOUT LEGIBLY!		
Street & house-No.:				ZIP code:
Гown:		Telephone	-No.:	
Cell phone no.:	Em	ail:		
Currently valid membership di	ues per quarter:			
Pupils/students age <= 18: 15,00 €		€ Family: 30,00	EUR Admis	ssion fee: None
egal guardian, prior to training sessio	of medication must be repart of medication must be repart of the second	oorted to the trainer rticipants in compe	itions, a proof of he	nember, in the case of minors by the ealth & fitness (certificate/examination
oy a licensed doctor is required, which		-	at the end of the	1st and 3rd quarter of a calendar
ear with a notice period of 6 we	eks and after a minimu			-
year with a notice period of 6 we The notice of resignation must be Data processing DSVGO: The member of competition purposes in paper form a necessary association and competition reg	eks and after a minimu e sent in writing to the er(s) and the signatory (legal and electronically. The club wi	Executive Board ( guardian for your child Il use the data exclusiv	for addresses, see ren) agree that his/her ely in the context of clo	footer or www.aqua-kids.biz). data will be stored and processed for club
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## Issue / amendment of a direct debit authorization and a SEPA direct debit mandate

Name of the payment recipient:	Aqua-Kids e.V.
Address of the payment recipient:	
Street and number:	Köhlerweg 1
Zip code and city:	67661 Kaiserslautern
Creditor (Aqua-Kids) identification number:	DE14ZZZ00001142668
Mandate reference: DDMMYYAKXXXX (For DDMMYY the date of the SEPA direct debit and mandate the member, or of the main member in case of family member.)	e issue is entered and for XXXX the individual membership number of ership at the time of mandate issue).
<b>Direct debit authorization:</b> I / We revocably authorize the payee Aqua-Kids e.V. to direct debit from my / our account.	collect the payments to be made by me / us when due by
SEPA direct debit mandate:	
	o honor the direct debits drawn on my / our account by the rsement of the debited amount within eight weeks, beginning
Payment method: Recurring payment	
Name, first name of payer (account holder) please	e fill in in block letters:
Address of the payer (account holder):	
same address of the account holder as sheet 1 of	the declaration of accession if yes, please mark with a cross.
If the address of the account holder(s) liable for pa	
Street:	House-No.:
ZIP-Code: Town:	
IBAN of account holder (max. 22 digits, only Germ	an IBAN with DE possible)
DE//	//
BIC:	(8 or 11 digits)
date (DD.MM.YYYY) Town	signature of payer (Account holder)

INFORMATION: The first collection of a SEPA direct debit always takes place in the month following the submission of the direct debit authorization. The subsequent collections will be made at the beginning of the first month of each quarter.

Bank account: Sparkasse Kaiserslautern IBAN DE73 5405 0220 0000 0103 55 **BIC: MALADE51KLK**