



Mitgliedsantrag / Application for membership



I hereby apply for membership in the TV 1965 e.V. -- Department/Sportsgroup: _____

Last Name:	First Name:	
Street:	PLZ:	City:
Telephone:	E-Mail:	
Birthdate:	Profession:	

When applying under family membership list all additional family members:

Last Name, First Name	Birthdate	Profession (Student or)	Department
2.			
3.			
4.			
5.			
6.			

Monthly Dues		
The family membership of the children will automatically be converted into a single membership with completion of age 25.	Children and youth until age 18	5,00 €
	Students and handicapped people with documentation	5,00 €
	Adult single membership above age 18. birthday	8,00 €
	Family membership (Children to max. 25 years)	12,00 €
	Department Judo Active: additionally	4,00 €

With my signature I accept abide by the constitution (posted under: TV-Rodenbach.de).

I accept publishing of pictures/videos, in which I may appear, made by TV Rodenbach as part of its public relations.

Date: _____ Signature _____
(for minors the signature of parent or guardian)

STATEMENT

I hereby grant the Turnverein 1965 e.V. Rodenbach permission to charge my account for the membership dues.

Bank: _____ BLZ: _____ Konto-Nr.: _____
Kontoinhaber.: _____

Datum, Unterschrift

Application to be turned in to the trainer or department head

Department head: _____

Processed by: _____
 Date : _____
 Member #: _____