



Stadtpark Barrio 1996 e.V.

Futsal – Sport – Kultur

SP Barrio 96 e.V. – Kirchenstraße 5 – 22767 Hamburg – Phone 040 / 307 693 14

Fax: 0322 / 293 235 47 – www.spbarrio96.de - E-mail: info@spbarrio96.de

Bank account:

Commerzbank – Account number: 543329700 – Bank code: 20040000

IBAN: DE14200400000543329700, BIC: COBADEFFXXX

Member request

I hereby apply for a membership in SP Barrio 96 e.V.

(please write clearly)

First name and last name: Mr. / Mrs. _____

Street: _____

Zip & city: _____

Birthday: _____

Phone & E-Mail: _____

Please inform us in case of address / phone / e-mail change.

Type of membership: (please mark) active passive

Which section you like to join? (please mark)

Futsal AFM (Supporters section) Sonstige:

For certain groups there is a reduced membership fee. Are you?

Student Pensioner looking for a job Other:

With my signature I recognize the statutes of the club. I agree, that my data may be stored for the purpose of the member administration and the collection of membership fee. My data will not be passed without my permission to third parties. The membership fee is due at the beginning of each quarter.

In case of underage persons a signature of the legal representative is needed for the directly enforceable guarantee.

Hamburg, _____

(Signature)

(1. or 2. chairman)

(1. or 2. treasurer)

Indication: According to paragraph 4. of the Club Statutes

"§ 4 Termination of Membership

4.2 The resignation must be submitted in writing to the Club's board. The cancellation is only valid one month before the end of the quarter. If submitted to late, the membership is cancelled at the end of the following quarter. The obligation to pay membership fees remains until the end of the membership."



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Debit authorization

I hereby authorizes SP Barrio 96 e.V., as part of my membership, to collect the amount due (see contribution order) with direct debit **from**. (please enter the date)

This debit authorization can be cancelled anytime unconditionally.

First and second name of the <u>MEMBER</u>	
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Membership number (please do not fill)				
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Account holder (please in capital letter) First and second name	
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BIC												
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IBAN	D	E																	
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Bank	
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(For callbacks)

Phone																			
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E-Mail	
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Attention: Only for AFM-Members!

I would like to support the Club with a monthly fee of:

5 Euro 10 Euro 15 Euro Other fee:

If the first of the month is a Friday or Saturday I agree that the debit will take place on the next Monday. I agree, that my data may be stored for the purpose of the member administration. My data will not be passed without my permission to third parties.

Date/Signature	
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