MEMBERSHIP APPLICATION HEIMGESELLSCHAFT SELFKANT KASERNE e.V.

---	---	---
Rank	Surname / First name	Unit / Department

Home Address

---	---
Street / House number	Postcode / Town

Additional Details

---	---	---
Date of Birth	Email Address	Telephone # (private)

I declare that I wish to become a member of the Heimgesellschaft Selfkant-Kaserne e.V. effective:

01._____ _____
(month) (year)

Once per annum, the contribution fee will be debited to the account below. The contribution fee will be graded depending on rank. Grading and statutes can be viewed at or requested from the office of the HG SKK e.V.
With this application I authorize the HG SKK e.V. to process and use the personal details as provided on this form. I declare that I have provided these details voluntarily and without coercion. I am aware that I will be able to withdraw this declaration of consent and request deletion of my personal details at any time.

52511 Geilenkirchen, ---------- (Date) ---------- (Signature)

==========

ORDER FOR DIRECT DEBIT

---	---	---
Bank / Town	IBAN	BIC

Dear Madam, Sir,

I request that the direct debit order, as forwarded to you by the HG SKK e.V., is actioned to my account until further notice. If my account should not hold sufficient funds to support the direct debit, then there is no obligation to debit my account.

52511 Geilenkirchen, ---------- (Date) ---------- (Signature)

==========

To be completed by HG SKK e.V. Administrator:

Start of membership	:----------	Initials Administrator	:----------
Processed in Picasso	:----------	Created in Mein Verein	:----------
Membership number	:----------	Membership card created	:----------

M Wall 19/07/2016