

Membership Application Form

New Application

Change of Application

I hereby apply for membership,

Last Name*: _____ **First Name*:** _____

Date of Birth*: ___/___/____ **Address*:** _____

Phone. *: _____ **Email*:** _____

*Fields marked with an asterisk are mandatory.

I apply for membership with the Suhl Gunslingers e.V. starting on ___/___/____.

The admission fee does not apply.

§1 Membership Fee (please check the applicable box):

- Adult active members (**20,00 €/monthly**)
- Youth players (under 18), reduced fees (trainees, students) (**10,00 €/monthly**)
- Helpers, people supporting the club (**free of charge**)

§2 Payment Method

We request payment in the form of a monthly standing order via our SEPA direct debit mandate to the bank account listed below. (SEPA mandate attached).

§3 Termination

Membership can be terminated quarterly and must be submitted in writing to the board or its representatives 3 months in advance at info@suhl-gunslingers.de.

I confirm that I have been informed about my obligations to the club.

I accept the club's bylaws and the penalty catalog. My data will be used for sporting and other public events, for sports accident insurance, as well as for evaluations at the club, sports federation, and association levels. The transfer of my data to third parties is therefore not excluded.

However, my data will be handled with care and sensitivity.

Please send the signed application to info@suhl-gunslingers.de.

Place, Date

Signature of Member / Legal Guardian