

MEMBERSHIP APPLICATION



Name: _____

First name: _____

Born on: _____ in: _____

Address: _____
Street, house no.

Postal code _____ City _____

Profession: _____

Nationality: _____

Tel.: _____ Mobile: _____

e-mail: _____

If you already have practical skydiving experience:

No. of jumps: Static line Freefall Licence No.

I hereby apply for FALLSCHIRMSPORTVERBAND (FSV) SAAR e.V. membership

starting _____ as an ☐ active member (please tick applicable option)
(Date) as a ☐ passive member (please tick applicable option)

Place, Date Signature (for minors: signature of legal representative/s)

***Note:** Membership can be terminated in writing with effect to 31 Dec of each calendar year, subject to a termination period of two months. Any retroactive termination of membership is hereby excluded.*

DIRECT DEBIT MANDATE for receivables

I hereby grant _____
Last name *First name*

Address: _____
Street, house no. *Postal code* *City*

FSV SAAR e.V. the revocable right to debit the payable membership fees related to my membership in the above specified association in the amount of **EUR 150,00** (to be paid in two (2) semi-annually instalments of **EUR 75,00** (payable in January and July)), as well as the one-off admission fee in the amount of **EUR 77,00**, from the bank account specified below when due.

IBAN: _____ **BIC:** _____

Bank: _____

The banking institute is only obliged to comply with the debit order if the account has sufficient coverage.

Place, Date **Customer signature** (for minors: signature of legal representative/s)