

Kieler Turnerschaft von 1883 e.V.

Sportplatzweg 6 – 24145 Kiel – Tel. 0431 / 5 18 06 – E-Mail: info@kt83.de



Application Form (Please complete on your computer or in block capitals, if possible, and then print it out.)

First Name: _____

Last Name: _____ Birth Date: _____

Street/ZIP Code/Place of Resid.: _____

E-Mail: _____ Telephon: _____

Department(s): _____ Male Female

For Minors / Parent-Child Gymnastic:

First and Last Name of the Representative: _____

Monthly Contributions (Please tick as appropriate) Entry Date: _____

<input type="checkbox"/> Kids, Teenager	5,00 €
<input type="checkbox"/> Adults (18 Years and older)	7,00 €
<input type="checkbox"/> Maried Couples	12,00 €
<input type="checkbox"/> Parent-Child Gymnastics	5,00 € (Appoint the Child as a Member and the Parents as legal Representatives.)
<input type="checkbox"/> Students, Trainee, Pupils, BFD	6,00 € (From 18 years, only upon presentation of a Certificate)
<input type="checkbox"/> Family	14,00 € (Requires individual registration of each family member)

Plus an Admission fee of one Month's Membership fee and

Plus an Annual Insurance Premium of €4.20 per Person (up to the Age of 18 €2.35).

We will debit your Membership fee from your Account quarterly at the beginning of each Quarter.
Creditor Identification Number: DE92ZZZ00000130718 - Mandate Reference: Will be communicated separately.

SEPA Direct Debit Mandate

I authorize Kieler Turnerschaft von 1883 e.V. to collect Payments from my Account by direct debit. At the same time, I instruct my Bank to honor the direct Debits drawn on my Account by Kieler Turnerschaft von 1883 e.V.

Note: I can request a refund of the debited amount within eight weeks of the debit date. The Terms and Conditions agreed upon with my Bank apply.

Account Holder: _____

Credit Instit.: _____

IBAN: DE____ | ____ | ____ | ____ | ____ | ____ | ____ | ____

I agree that the Association may store the Information I provide for Membership Administration purposes and use it exclusively for internal Purposes. I will inform the Association (Office) of any changes to the Information I have provided (change of Residence, change of Bank Account Details, etc.).

Membership is subject to the Association's bylaws. These are available for inspection at the Office. I acknowledge them with my Signature.

_____, _____
Place _____ **Date** _____ **Signature** (In the Case of Minors, the legal Representative) and
Signature of the Account holder (If different)

According to the statutes, resignation can only take place at the end of a quarter and must be notified in writing to the association's board of directors (office) no later than four weeks before the end of the quarter. In case of earlier resignation, the obligation to pay membership fees remains until the end of the quarter.