



# MEMBERSHIP APPLICATION FORM



WWW.FSCEV.ORG  
INFO@FSCEV.ORG

Please print clearly and provide all requested information.

## PERSONAL INFORMATION

NAME: \_\_\_\_\_  
(last, first)

ADDRESS: \_\_\_\_\_ (street) \_\_\_\_\_ (town/city) \_\_\_\_\_ (post code)

PHONE: \_\_\_\_\_ (home/work) \_\_\_\_\_ (mobile)

E-MAIL: \_\_\_\_\_  
(The E-mail address you supply will be used to receive FSC e.V. trip information, newsletters and socials reminders.)

Please also provide the following optional information.

GENDER:  Male  Female NATIONALITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD / MM / YY)

INTERESTS:  Alpine Skiing  X-Country Skiing  Ski Touring  Snowboarding  Telemark  Other: \_\_\_\_\_

How did you hear about FSC e.V.?  Facebook  Search Engine  Friend  Advertiser  Other: \_\_\_\_\_

## MEMBERSHIP DETAILS

MEMBERSHIP #:  Membership Type:  Single  Family Membership Renewal (Please circle if YES.)

(The details below are required for family membership applications only. Children included in a Family Membership may be no older than 18 years.)

Memb. #:	Name:	Relationship:	Date of Birth: (DD / MM / YY)	Nationality:
<input type="text"/>	_____	_____	____/____/____	_____
<input type="text"/>	_____	_____	____/____/____	_____

I/We agree to abide by the Frankfurt Ski, Snowboard, Sports & Social Club e.V. Constitution, Bylaws, Rules & Regulations (as documented on the club website: www.fscev.org).

Please DO NOT use photos and video in which my family and/or I appear (taken by myself or others) in any FSC e.V. publicity (e.g. Facebook, website, season guide).

\_\_\_\_\_  
(signature of member) (signature of FSC e.V. representative) (date)

Amount Due:

## BANK INFORMATION (DIRECT DEBIT AUTHORISATION)

Payment of membership fees and any trip costs is via direct debit. Only European bank account details are accepted. Should you not have a European bank account, please indicate this at the end of the form and include details of an existing member who is willing to pay on your behalf.

I hereby allow FSC e.V. to debit the below account for membership fees and trip costs (SEPA Direct Debit Mandate).  
Creditor identifier: DE61ZZZ00000084619 Mandate reference: FSC e.V. membership number(s) (as communicated to me by the FSC e.V.)

By signing this mandate form, you authorise (A) FSC e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from FSC e.V.. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

ACCOUNT HOLDER NAME: \_\_\_\_\_

ACCOUNT HOLDER ADDRESS: \_\_\_\_\_ (street) \_\_\_\_\_ (town/city) \_\_\_\_\_ (post code)

BANK: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

IBAN:

BIC:

\_\_\_\_\_  
(signature of member) (location/date)

I do not have a European bank account, my sponsor's details are: \_\_\_\_\_ (name) \_\_\_\_\_ (membership number)