



Registration form

Including mandate continuous SEPA Direct Debit General

By signing this authorization, I confirm membership of the ABC-Volleybal volleyball association and agree to the following conditions:

- Membership is automatically renewed annually. Cancellation must be done in writing or by email to the secretary before the end of the association year (1 July).
- The membership fee is determined annually at the General Members' Meeting and published on the website.
- The contribution will be collected in two installments.

Name member (if different from the undersigned)	
Name creditor	Volleybalvereniging ABC-Volleybal
Address creditor	Generaal Coenderslaan 59-01
Postalcode/city creditor	5623 LV, Eindhoven
Country creditor	Nederland
Creditor-id	NL20ZZZ402359920000
Characteristic	Contributie

By signing this form, you consent to:

- Volleyball association ABC-Volleybal to continuously send direct debit orders to your bank to debit an amount from your account and
- your bank to continuously debit an amount from your account in accordance with the instruction of Volleybalvereniging ABC-Volleybal.

If you do not agree with this debit, you can have it reversed. Please contact your bank for this within eight weeks of the debit. Ask your bank for the conditions. **In case you do not want the financial contribution to be paid by automatic direct debit orders, do not fill in your bank account number.**

Name and initials: _____

Address _____

Postal code/City: _____

Country: _____

IBAN Bank account number: _____

- ☐ Check this box if you want to receive an annual invoice instead of automatic direct debit orders. In this case you do not have to fill in your bank account number.

Place and date: _____ Signature: _____



Correspondentieaddress: Generaal Coenderslaan 59-01, 5623 LV, Eindhoven

Registration form and Declaration of Consent

- ☐ I authorize the association to process the information below in line with the Privacy Statement ABC Volleyball as it can be found on our website and via [this link](#).

Lastname and first name: _____

Street, number, postal code, city: _____

Phone number: _____

E-mail address: _____

Date of birth: _____

ICE (In Case of Emergency) name: _____

ICE (In Case of Emergency) phone number: _____

Membership start date (1st training): _____

By becoming a member, I agree to the ABC Volleyball Code of Conduct. This can be found on the ABC Volleyball website.

Date:Signature:

Send the completed form to: leden@abc-volleybal.nl OR hand it in on a training/match evening to Han Reker, who is responsible for our membership administration.