

# LSVD-Membership application

LSVD -Membership application With my Membership i accept the rules of the LSVD e.V.

pleas cross ( all nuber's in Euro )	admission ( singular )	fee annual subscription ( to pay annually )
<input type="checkbox"/> Family Membership	21,-	53,-
<input type="checkbox"/> Adult	21,-	40,-
<input type="checkbox"/> Teenager (15-18 years)seniorcitizen/student	21,-	25,-

## Information of Member

Surname	Firstname
Street/ Nuber	zip code/City
Province/State	Fon number
e-mail	Citizenship
marital status	Date of Birth Day/Month/Years

## For family membership personal data of other members

Surname	Firstname	Date of Birth Day/Month/Years
Surname	Firstname	Date of Birth Day/Month/Years
Surname	Firstname	Date of Birth Day/Month/Years

With my singnature I give the LSVD e.V. the permision to charge bank account with the admisson fee and the annual subscription.

Bank account	number bank	indentification code
Date	City	
Date of joining	Singnutre	

*For underage person's the legal guardin*

Please send the application comleted back to:

### **Eckart Braun**

Hinter der Schmiede 7, D - 88696 Owingen

Tel./Fax: +49(0)7557/82 03 58, e-mail: Bandit\_Braun@t-online.de