

# Membership Application

VWB-Geschäftsstelle  
 Corrie Fuhr  
 Einzelhausen 22  
 84104 Einzelhausen  
 Telefon: 08752-2919876

E-Mail: geschaeftstelle@westernreiten-online.de



First Name, Last Name: ..... Date of Birth: 

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required

Address: .....

Postal Code: ..... City: ..... Country: .....

Phone: ..... E-Mail: .....  
for international numbers, please state the country code

**Desired date of entry:**     immediately     as of 1. Sept. of the current year     as of 1.1. of the coming year  
If nothing is checked here, membership will be processed immediately upon receipt of application.

<b>Admission fee:</b>	<b>Membership Fee:</b>	<b>For Familymembership required:</b>
<input type="checkbox"/> Adult                    40,-- €	<input type="checkbox"/> Adult                    70,-- €	Name/No. from VWB-Adult Member
<input type="checkbox"/> Youth                    25,-- €	<input type="checkbox"/> Youth                    20,-- €	.....
<input type="checkbox"/> Familymember        40,-- €	<input type="checkbox"/> Familymember        25,-- €	
<input type="checkbox"/> In education            40,-- €	<input type="checkbox"/> In education            20,-- €	

An educational discount for aged students, trainees, civil or military service is granted up to a maximum of 27 years of age. It must be applied for each year by presenting a valid certificate.

50% Fair or Show discount     Initial fee reduction 50% (For membership from 1. September)

**Membership Type:**     Youth                     Novice                     Amateur                     Open (Profi)  
 Please check the membership type if show entries are planned. If nothing is checked here, the default entry „Open“ will be made.

**Membership/Admission Fee**     by wire transfer     \_\_\_\_\_ € paid cash (To be filled in by the show office at the show)  
**Next Membership Fee**             by wire transfer    (if no SEPA direct debit mandate is issued, a processing fee of 20.-€ per next membership fees will be charged)

**Signature for Membership**  
 Membership will be automatically renewed for another year unless written notice of cancellation is received by 1.12. at the end of the fiscal year (date of postmark/receipt of email).  
 City, Date, Signature new member: .....  
For minors, signature of legal parent or guardian

## Authorization to collect payments by direct debit

Creditor: „Vereinigung der Westernreiter in Bayern e.V.“  
 I hereby revocably authorize you to collect the contribution to be paid by me.  
Please inform us immediately of any changes to the bank details to avoid additional costs

IBAN: 

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    BIC: 

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Please make sure that all 22 characters incl. country code are specified    8- or 11-signs

Name of Bank: .....  
Partial redemptions are not accepted in the direct debit procedure

Accountholder Name: .....

Member Name: .....

Address: .....

Postal Code, City: .....

City, Date, Signature: .....