

Membership Application VWB e.V.

VWB-Geschäftsstelle
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Membership is applied in the course of a show/clinic

Name of the show/clinic:.....

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)

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.

Admission fee:	Membership Fee:	For Familymembership required:
<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.

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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Please make sure that all 22 characters incl. country code are specified

BIC:

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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:

Please send the completed application form with the signed direct debit authorization by mail or email to the VWB office.