

VWB-Geschäftsstelle
Corrie Fuhr
Am Mandrain 9
86669 Klingsmoos
Phone: +49 8433-9294230
E-Mail: vwb-office@online.de



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

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

Adress:

Postal Code: City: Country:

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

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.

Membership Fee:

For Familymembership required:

Name/No. from VWB-Adult Member

☐ Familymember 25.-- €

☐ 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 entrys 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

[illegible]

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

[illegible]

8- or 11-signs

Name of Bank:

Partial redemptions are not accepted in the direct debit procedure

Accountholder Name:

Member Name: _____

Adress:

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.