

Dobermann-Verein (DV) e.V.

Domicile Munich - Headquarter
Feldkirchenerstr. 10/1.OG 85551 Kirchheim/ München - Germany
Internet: <http://www.dobermann.de>, E-Mail: info@dobermann.de



Please, with typewriter or type character fill.

Application for Membership

I will get a membership at Dobermann-Verein e.V. as a

Membership-No.

Full-Membership Family-Membership Youth-Membership

Member of national Committee: _____ or

Member of Department: _____ from: _____

I accept the statutes and breedrules. Please pay the membership fee on 1st of January for the following year or immediately when get the membership. If you join in the 2nd half of the year (1st of July) you must pay only the half of membership fee. In addition to the first membership fee you must pay an admission fee at Euro 35,-. I confirmed that I will pay my membership fee in according to the rules and on time. It's only possible to get a membership, if you get a permission of your choice department or national Committee.

To cancel a membership is possible only by registered letter to the head office in each case up to the 30th of September for the following year.

Surname: _____

Name: _____

Country-Code.: _____

Address: _____

E-Mail: _____

Phone: _____ Fax: _____

Date of birth: _____ female male

Date of signature: _____ Signature: _____

Permission from Department / national Committee

Agree to yes no _____
(Date) (Signature)

Membership fee paid for _____

An den **Dobermann Verein e.V.** Feldkirchenerstr. 10/1.OG, 85551 Kirchheim/ München
Abt./LG _____ Gläubiger-Identifikation Nr _____

Sepa-Lastschriftmandat Mandatsreferenz: (wird separat mitgeteilt). Ich ermächtige die Abt./LG widerruflich, den Mitgliedsbeitrag jährlich einmal von meinem Konto einzuziehen **Zugleich weise ich mein Kreditinstitut an, die von der Abt./LG auf mein Konto gezogene Lastschrift einzulösen.** Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen

Zahlungsart: Wiederkehrende Zahlung

Name/Vorname: _____ Mitglieds-Nr.: _____

BIC: _____ IBAN: _____

Kreditinstitut: _____

Ort/Datum: _____ (Unterschrift des Verfügungsberechtigten)