

Von der Geschäftsstelle auszufüllen:

Mitgliedsnr.: _____

EB: _____

EDV-erfasst am: _____

K1: _____

K2: _____

MEMBERSHIP APPLICATION

Turn- und Sportgemeinde 1861 Kaiserslautern e. V.

✍ Hermann-Löns-Str. 25, 67663 Kaiserslautern

☎ 0631-28314, ✉ info@tsg-kl.de, 💻 www.tsg-kl.de, 📠 0631-28226



(Please fill in in block letters)

First Name: _____

Gender: ☐ m / ☐ f

Surname: _____

Entry Date: 01. .20

Street, House number.: _____

Phone: _____

Zip / Place: _____

Mobile: _____

Date of Birth: _____

E-Mail: _____

I would like to do the following sport(s):

- | | | | | |
|---|------------------------------------|--|--|--|
| <input type="checkbox"/> Fencing* | <input type="checkbox"/> Handball* | <input type="checkbox"/> Running | <input type="checkbox"/> Table Tennis* | <input type="checkbox"/> Winter Sports |
| <input type="checkbox"/> Fitness & Health | <input type="checkbox"/> Hockey* | <input type="checkbox"/> Athletics | <input type="checkbox"/> Triathlon* | <input type="checkbox"/> Kids World |
| <input type="checkbox"/> Soccer* | <input type="checkbox"/> Bowling* | <input type="checkbox"/> Rehabilitation Sport* | <input type="checkbox"/> Gymnastics | |
| <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Lacrosse* | <input type="checkbox"/> Tennis* | <input type="checkbox"/> Hiking | |

* Additional contributions are due for these divisions.

Other members within the scope of the family or follow-up contribution

M-Nr.	First Name	Surname	Address (if different from above address)	Date of Birth	Sport(s)
1					
2					
3					
4					

Please note back →

Membership Fees Monthly

- | | | |
|--|---------|---|
| <input type="checkbox"/> From 18 years | 15,00 € | |
| <input type="checkbox"/> Until 18 years | 8,00 € | |
| <input type="checkbox"/> Pupils and Students | 9,00 € | Evidence must always be up to date ¹ |
| <input type="checkbox"/> Family Contribution | 24,00 € | Married couple / life partner without / with children up to 18 years or in education / study ¹ |
| <input type="checkbox"/> Follow-Up Fee | 18,00 € | Parent with one child up to 18 years of age |
| <input type="checkbox"/> Passive Members | 8,00 € | |

Direct Debit Authorization:

Creditor Identification number.: **DE63ZZZ00000264033**

I hereby authorize TSG 1861 Kaiserslautern e. V. to collect the contributions I have to pay in advance from my current account by direct debit on 1 January, 1 April, 1 July and 1 October. The one-off admission fee of one monthly contribution will be collected with the first contribution.

IBAN: DE ____ | ____ | ____ | ____ | ____ | ____

BIC: ____ | ____ Financial Institution: _____

Name of account holder: _____ Address: _____

Date: _____ ×Signature: _____

1. Contribution System

The payment of dues is made according to the statutes by direct debit.

In the case of minors, the legal guardians confirm with their signature that they assume liability for the underage member's contribution obligations. In the event of non-participation in the SEPA Direct Debit Scheme, an administration fee of € 20.00 per year will be charged.

¹ If there is no current proof, an automatic premium adjustment will follow. If the justified proof is updated, the adjustment will take place at the next quarter.

2. Cancellation

The notice of resignation must be sent in writing to the office. A declaration of resignation is only possible at the end of a calendar year subject to a deadline of 6 weeks.

With the signature the respectively valid club statute of the Turn und Sportgemeinde 1861 Kaiserslautern e. V. is recognized as binding.

Place: _____ Date: _____ ×Signature: _____
(legal representative for minors)

3. Privacy Clause

I am aware that the above-mentioned association must collect and store personal data and facts as well as provided data and image material, documents etc. for the proper fulfilment of its association purposes and tasks according to the statutes / also according to supplementary association specifications with successful admission into the association, taking into account the data protection principles / data security, the above-mentioned association must also process, transmit and delete this for association purposes.

With my following signature I confirm this at any time revocable data protection consent.

Place: _____ Date: _____ ×Signature: _____
(legal representative for minors)