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Please print clearly and provide all requested information.

PERSONAL INFORMATION

VAME:			
ast, first)			
ADDRESS:	(town/city)	(post code)	
PHONE:	(mobile)		
F-MAIL:	to receive FSC e.V. trip information, newsletters ar	nd socials reminders)	
Please also provide the following or			OF BIRTH://
NTERESTS: 🔲 Alpine Skiing 🔲 X-Co	ountry Skiing Ski Touring Snowboarding Pacebook Search Engine Friend	Telemark 🔲 Other:	
MEMBERSHIP DE	ETAILS		
MEMBERSHIP #:	Membership Type: Single	Family Dependent Fa	mily Membership*
Membership Renewal		(*Please give the membership number	of the bank account holder)
·	t family membership applications only. Children inclu		• •
Account Holders Name:	Relationship:	*Account Ho	lders Membership #
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