



MEMBERSHIP APPLICATION FORM



WWW.FSCEV.ORG
INFO@FSCEV.ORG

Please print clearly and provide all requested information.

PERSONAL INFORMATION

NAME: _____
(last, first)

ADDRESS: _____
(street) (town/city) (post code)

PHONE: _____
(home/work) (mobile)

E-MAIL: _____
(The E-mail address you supply will be used to receive FSC e.V. trip information, newsletters and socials reminders.)

Please also provide the following optional information.

GENDER: ☐ Male ☐ Female NATIONALITY: _____ DATE OF BIRTH: ____/____/____
(DD / MM / YY)

INTERESTS: ☐ Alpine Skiing ☐ X-Country Skiing ☐ Ski Touring ☐ Snowboarding ☐ Telemark ☐ Other: _____

How did you hear about FSC e.V.? ☐ Facebook ☐ Search Engine ☐ Friend ☐ Advertiser ☐ Other: _____

MEMBERSHIP DETAILS

MEMBERSHIP #: Membership Type: ☐ Single ☐ Family ☐ Dependent Family Membership*

Membership Renewal

(*Please give the membership number of the bank account holder)

(The details below are required for dependent family membership applications only. Children included in a Family Membership may be no older than 18 years.)

Account Holders Name: _____ Relationship: _____ *Account Holders Membership # _____

I/We agree to abide by the Frankfurt Ski, Snowboard, Sports & Social Club e.V. Constitution, Bylaws, Rules & Regulations
(as documented on the club website: www.fscev.org).

☐ Please DO NOT use photos and video in which my family and/or I appear (taken by myself or others) in any FSC e.V. publicity (e.g. Facebook, website, season guide).

(signature of member) (signature of FSC e.V. representative) (date)

Amount Due: EUR

BANK INFORMATION (DIRECT DEBIT AUTHORISATION)

Payment of membership fees and any trip costs is via direct debit. Only European bank account details are accepted.
Should you not have a European bank account, please indicate this at the end of the form and include details of an existing member who is willing to pay on your behalf.

I hereby allow FSC e.V. to debit the below account for membership fees and trip costs (SEPA Direct Debit Mandate).

Creditor identifier: DE61ZZZ00000084619 Mandate reference: FSC e.V. membership number(s) (as communicated to me by the FSC e.V.)

By signing this mandate form, you authorise (A) FSC e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from FSC e.V.. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

ACCOUNT HOLDER NAME: _____

ACCOUNT HOLDER ADDRESS: _____
(street) (town/city) (post code)

BANK: _____ COUNTRY: _____

IBAN:

BIC:

(signature of member) (location/date)

☐ I do not have a European bank account, my sponsor's details are: _____
(name) (membership number)