



Membership application form

Surname:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Post code:	<input type="text"/>
City:	<input type="text"/>	Country:	<input type="text"/>
Phone:	<input type="text"/>	Mobile phone:	<input type="text"/>
E-Mail:	<input type="text"/>	Date of birth:	<input type="text"/>
Date:	<input type="text"/>	Signature:	<input type="text"/>

SEPA direct debit mandate

I hereby revocably authorise DSV e.V. to collect the payments to be made by me at the due date from my account by direct debit. At the same time, I instruct the bank to redeem the direct debits drawn to my account by DSV e.V.

Note: I can request reimbursement of the amount debited within eight weeks, starting with the debit date. The conditions agreed with my bank apply.

Bank account owner:

Surname:	<input type="text"/>	First name:	<input type="text"/>
Address:	<input type="text"/>	Post code:	<input type="text"/>
City:	<input type="text"/>	IBAN:	<input type="text"/>
BIC:	<input type="text"/>	Bank:	<input type="text"/>

Payment for: Admission fee, annual fee

<input type="text"/>	<input type="text"/>	<input type="text"/>
Town:	Date:	Signature:

Creditor ID:

DE59ZZZ0000076604

Mandate reference:

Your DSV-Member number

The Membership application form by letter / email to the following address:

Mr. Gerd Bleicher
Schramberger Str. 41
D - 13467 Berlin
Mail: gerd.bleicher@dsv-ev.de