



# Registration form

## MEMBERSHIP TAFELTENNISVERENIGING VELDHOVEN

We ask that you fill in this form completely

### PERSONAL INFORMATION

Surname	Prefix	Initials	
First name	Gender	Male	Female
Date of birth			

### HOME ADDRESS

Street	No.	Prefix	
Postal Code			
Place of residence			
Phone number			
E-mail address			
IBAN number		in name of	
Registration date			

### Authorization for direct debit

I hereby give permission until further notice to Tafeltennisvereniging Veldhoven to send continuous direct debit orders to your bank to debit the contribution amount from your account and to your bank to continuously debit the contribution amount from your account. If you do not agree with a debit, you have thirty days to have it reversed.

### The above wishes:

Become a member  
and is placed in group  
(after consultation  
with trainer)

Group

Become a member  
without being placed  
in a group

### Have you been a member of a table tennis club in the last 3 years?

No

Yes, from association

With bond no.