Application for Admission

International Cardueliden Club (ICC) e.V.

At
ICC - Office
Roland Dominsky
Keilbrunnen 18
DE - 91361 Pinzberg

Tel: +49 (0) 9191 - 603 89
Fax: +49 (0) 9191 - 621 968 9
Mail: icc-homepage@web.de

Bank details:
Kreissparkasse Steinfurt
IBAN: DE33 4035 1060 0072 0111 90
BIC: WELA DED 1 STF

MIT-
Membership number (Will be send to you with your membership confirmation.)

I apply for membership in the International Cardueliden Club (ICC)e.V. The membership fee ist paid annually by collected by SEPA direkt debit mandate. The Membership fee ist currently 30.- €. Failure to pay will void the Membership! **Membership musst be canceled by December 31st at the latest of the yaer.**
It must be submitted in writting!

Surname | First Name | Date of birth

Street, House number

Postal code | Residence | Country

Phone | Mobilphone | E-Mail

I breed the following species

X

Residence | Date | Signature of Applicant
in teh case of young peopl, the signature(s) of legal representative(s)

International Cardueliden Club (ICC) e.V. **SEPA - Direct debit mandate**

payee: International Cardueliden Club (ICC) e.V. No Admission without a SEPA direct debit mandate !
Creditor Identification Number: DE82 ZZZ 000 001 530 14
Mandate Reefernce Number: Is the membership number. You will be informed sepaately.
I authorize the International Cardueliden Club e.V. to collect payment from my account by direct debit.
At the same time, I instruct my financial institution to transfer the direct debits drawn on my account by the International Cardueliden Club redeem. Note: I can request a refund within eight weeks of the debit date.
request the debited amount. The conditions agreed with my bank apply.

Account holder, authrized representative | Street, House number | Postal Code, Residence

Name of the Bank

__ __ __ __ | __ __ __ __ | __ __ __ __ | __ __ __ __ | __ __ __ __ | __ __ __ __

IBAN (International Bank account number)

__ __ __ __ | __ __ __ __ | __ __ __ __ | __ __ __ __

BIC (Bank identification code)

This SEPA-direct debit mandate applies to the membership/agreement with. :
(Complete only if the members is not the account holder)

Name, Vorname

X

Residence | Date | Signature of Account holder /authorized representative

Only fully compledet applications of admission will be processed!

We would like to point out that for the purpose of Member administratio and support, the members' data ist automated Files are stored processed and used. With my application for admission I agree with the survey, processing and use of personal data by way of electronic data prcessing.
A transfer of personal data to third parties does not take place.