

Motorsegler Interessengemeinschaft

(Motorglider association)

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Declaration of accession

(please fill readable in block letters)

I'd like to become a member of the Motorglider Association

Name: _____ 1st name: _____ Birthday: _____

Street: _____

Zip: _____ City: _____ Country: _____

Phone: _____ E-Mail: _____

I agree, that the annual premium of € 15.00 will be charged by direct debiting to the account below. Charging will occur 15th of March or following working day each year. In case I'll forget to inform the motorglider association about any account changes I agree to carry the upcoming charge.

Financial institute: _____

IBAN: ____ / ____ / ____ / ____ / ____ / ____

BIC: _____

Holder of the account: _____

I declare to have sufficient insurance protection to allow operation of my motorglider(s) at the following insurance:

Insurance: _____ Membership number: _____

I agree, that my name, city and citizenship will be shown to all visitors on the public member-list of our Website, whereas my complete address, phone number and E-Mail user ID will be visible for members only in the password-protected part of our homepage.

Yes: _____ No: _____
(please check)

The membership is for a year each. It extends to the next year automatically, but can be cancelled any time without statement of reasons.

Date: _____ Signature: _____

Treasurer: Joachim Henke
Usage for: Motorsegler-IG
Account #: BIC: BYLADEM1KIS
Creditor Identifying #: DE80ZZZ00001047293