



**Membership request form for the Club
Interessengemeinschaft Scheibe-Flugzeuge e. V.**

Name: _____
Street: _____
Town + ZIP Code: _____
Phone private: _____
Phone business: _____
Cell phone: _____
E-mail address: _____
Date of birth: _____

_____ place/date

_____ signature

For persons under 18 signature of parents / responsible

_____ place/date

_____ signature

~~Abbuchungsermächtigung / direct debit (only in Germany)~~

~~Bank: _____
Konto Nr.: _____
Bankleitzahl: _____~~

_____ Ort/Datum

_____ Unterschrift

Agreed by the following members of the board

1st member of the board _____

2nd member of the board _____

_____ date/signature