

Registration Form 2v2 Beach Volleyball

Volleyball Form: Beach

Student/Employee of: UT / Saxion / Other	r:
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Personal Information:

First Name:	 Initials:
Last Name:	 Birthdate: / /
Telephone:	 Gender:
Email:	
Street & Number:	
Studio/Addition:	 City:
Zip Code:	

Deregistration:

 \Box I would like to stay a basic member of Harambee after the 31st of August 2024.

 \Box I would like to be deregistered as of 31st of August 2024.

Terms membership v.v. Harambee:

1. The undersigned declares to follow the liabilities arising from the membership as described in the Statutes, the Internal

Regulations and the code of conduct of volleyball association Harambee.

2. This registration is valid until August 31, 2021. The member will be deregistered from the Association, unless otherwise specified.

The undersigned agrees to the privacy policy, which can be found on the Harambee website and agrees to the processing of his/her personal data necessary for the implementation of membership.
The cost of membership will be billed after registration.

Signature: Date:

Place:

SEPA Direct Debit Mandate v.v. Harambee

v.v. Harambee makes use of Direct Debit to collect association dues, fines, the costs of subscription for or participation in activities and the ordering of products. Signing this mandate makes this possible for v.v. Harambee.

Creditor Details:

Creditor Name: Volleybalvereniging Har	ambee Address: Postbus 217
Creditor Identifier: NL15ZZZ400730420000	Zipcode and City: 7500AE Enschede
Mandate Reference:	Country: Netherlands
By signing this mandate form, you authoris	e

- v.v. Harambee to send instructions to your bank to debit your account and

- your bank to debit your account in accordance with the instructions from v.v. Harambee.

As part of your	rights, you are entitle	d to a refund from your ba	ank under the term	s and conditions of
your agreemen	it with your bank. A re	fund must be claimed with	hin 8 weeks startin	g from the date on
which	your	account	was	debited.

Initials and Last Name:			
Address:			
Zip Code		City:	
IBAN Number:			
BIC Number:			

Location:	 Signature:
Date:	