

W.Z.K. Zwemmen

Member of Omni Sports Organization W.Z.K.
Member of K.N.Z.B.



(Lidnr. _____)
To fill in by the administration

MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCKLETTERS, STRIKE OUT WHICHEVER IS NOT APPLICABLE, PLEASE TICK APPROPRIATE BOX)

This form is to be handed in as quickly as possible:

Leader / Trainer / Membership administration

PP2017

I hereby apply for membership of the Sport organization W.Z.K. Zwemmen in Wassenaar in accordance with the membership terms and conditions (only in Dutch available on request at the secretary, zwemmen@wzk.nl).

Surname: _____ First name: _____

Initials: _____ Gender: M / F

Address: _____

Postal code: _____ Town: _____

Telephone: _____ Mobile phone: _____

Date of birth: (dd-mm-yyyy): _____ - _____ - _____

E-mail address: _____

2nd E-mail address (of parents of junior members): _____

(this address will also be used for sending the invoices!)

Bank account / IBAN: _____ BIC/SWIFT: _____

Name of bank account holder: _____

I would like to become a member of the following division(s):

DIPLOMA SWIMMING

COMPETITION SWIMMING

WATERPOLO

TECHNICS ACADEMY

Place/Date: _____ Signature: _____

(minors require a signature of one of the Parents/Guardian)

Payments of the membership fees can only be done by automatic payment (direct debit). When signing this form you grant permission to WZK to deduct the membership fees, any competition fees, and the fee for the yearly start permit etc. from your bank account (ID: NL60ZZZ404119670000).

If you decide to terminate your membership you need to inform the WZK membership administration in writing at least one month prior to the start of a new quarter (mail: ledenadministratie@wzk.nl or Generaal Winkelmanlaan 2, 2243 AZ Wassenaar).

Membership fees, timetables for lessons, announcements from the board and committee and other news you will find on our websites:

www.wzk.nl, www.wzk-zwemmen.nl and the divisions.

To fill in by the division:

Start date: _____

Agreement of applicable division: _____