



APPLICATION FORM

I am writing to apply for being a member of the registered association Internationalem Fußballclub Paderborn e.V.

Name: _____ Zip code: _____
Surname: _____ Residence: _____
Date of birth: _____ Phone: _____
Adress: _____ E-Mail: _____

I acknowledge the constitution of the registered association [<https://kopecki.eu/7laa>]. A cancellation of the membership can be done anytime based on §4 in the above constitution. The cancelation must be submitted in paper form to the association.

Paderborn, Date _____ X _____

Signature

Delegation of authority for the direct debit mandate and SEPA direct debit mandate: Internationaler Fußballclub Paderborn e.V., Otto-Wels-Str. 26, 33102 Paderborn. Creditor identification: DE76 4726 0121 8736 5108 00

Mandat Member-Nr.: _____ (filled by the association)

Payment method yearly (70€)** 1. Quarter of the year of contribution

Half-yearly (each 35€)** 1. and 3. Quarter of the year of contribution

By signing this mandate form, you authorize (A) the creditor (name see above) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the creditor (name see above). As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited (additional costs can arise).

Name and Address of the owner
(if different above) _____

IBAN of the account (max. 22 digits) _____

BIC (8 or 11 digits) _____

Bevor the first payment will be made the association will get in touch with you.

Pleas hand over: Dr. Lukas Kopecki, Otto-Wels-Str. 26, 33102 Paderborn, Tel.: 0151 6349 7257, E-Mail IFC@kopecki.eu or any other board director or manager.

*voluntary declaration

** Effective 01.03.2024