

Pasfoto

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Shotokan Bu-jutsu Karate Do

Registration form Nr.012023WJif - 01

*Registration date:

Membership number

(Please complete in block capitals)

Personal information

*First name :

Prefix :

*Last name

*Date of birth : / /

*O Male *O Female

*Phone number / Mobile:

*Email address :

Address data

*Street name and house number:

Addition

*Zipcode

*city

Bank details

*IBan Bank account number :

*Name of account holder

make payment: Per month €

Per 3 months €

Per Year €

I give permission for the recording and processing of my data for Bu-jutsu karate school.

I give permission for photos to be taken during (events, activities, competitions)

I agree to the terms and conditions of Bu-jutsukarate as described.

DIRECTIVE AUTHORIZATION

I pay my contribution automatically until written cancellation and hereby authorize karate school Bu-jutsu to pay this contribution

To be debited from my account number, where per (month) or (3 month) are debited to respectively

01 January, 01 April , 01 July, 01 Oct. for a quarterly or an annual contribution.

Signature account holder :

Authorization rules: - If you disagree with the collected amount, you can reclaim it from your bank within 30 days after debit.

The authorization must be terminated in writing.

Fields with * are mandatory !

Stichting Bu-jutsu karate JKA

Bereikbaar onder

Internet

Bank

Kvk. No

Waterpoort 38
5662 VL Geldrop

+31657303654

Www.bujutsukarate.nl
admin@bujutsukarate.nl

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90567633

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