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| **BEITRITTSERKLÄRUNG** |

(beide Seiten müssen unterschrieben werden)

Hiermit erkläre ich den Beitritt zur TG Gernlinden

ab\_\_\_\_\_\_\_\_\_ als

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|  |  | **Erwachsene(r)** |  |  |  | **Kind/Jugendliche(r)** | |
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|  |  | **Partner** |  |  |  | **passiv** | |
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|  |  | **Zwischentarif** |  |  |  |  | |

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| **Straße** |  |  |  |  |  |  |  | **Geburtstag** |
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| **PLZ** |  | **Ort** |  |  |  |  |  | **Telefon** |
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| **E-Mail** |  |  |  |  |  |  |  |  |

🞎Ich stimmeder Zusendung von E-Mails zu, um auf Informationen und Veranstaltungen hingewiesen zu werden.

Ich habe die Teilnahmebedingungen der **Tennisgemeinschaft Gernlinden** gelesen und verstanden. Mit meiner Unterschrift erkenne sie an.

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| **Ort, Datum** | | |  | **Unterschrift** | | |  |



**SEPA – Lastschriftmandat zum Einzug der Spielgebühr**

Tennispark Gernlinden, Sportstr. 2, 82216 Gernlinden

Gläubiger – ID: DE ZZZ 00000 885908

Mandatsreferenz: Die Mandatsreferenz wird mit der Beitrittsbestätigung zugesendet.

Ich ermächtige die TG Gernlinden Spielgebühren von meinem Konto mittels Lastschrifteinzuziehen. Zugleich weise ich mein Kreditinstitut an, die von der TG Gernlinden auf mein Konto gezogenen Lastschriften einzulösen.

Ich kann innerhalb von 8 Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrags verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen.

Kontoinhaber/Bankverbindung :

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| ***Vorname*** | | | | | | | |  | | | | | | |  | | | |  | | ***Nachname*** | | | | | | | | | | | | | | | | | | | | | |
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| Name der Bank | | | | | | | | | | | | | | |  | | | |  | |  | | | | | |  | |  | | | | | | | | | | | | | |
| **IBAN:** | **DE** |  |  |  |  | **.** |  | |  |  |  |  |  |  | | **.** |  |  | |  | |  |  |  |  | **.** | |  | |  |  |  |  |  |  | **.** |  |  |  |  |  |  | |  | **.** |  |  |  |
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| **Ort, Datum** | | |  | **Unterschrift Kontobesitzer** | | | |