



Photo!

Registration for membership

Mr./Mrs/academic title/rank: _____

Name: _____

First name: _____

Date of birth:

Day		Month		Year			

Nationality: _____

Address: _____

(road, postal code, place)

Telephone number: _____ E-Mail Address _____

Parachutist since:

Day		Month		Year			

Last jump:

Day		Month		Year			

Entries by the association

SEPA	Tag	Monat	Jahr			MitgliedsNr.:	AbzeichenNr.:		

Jumps up now:

--	--	--	--

The form for SEPA direct debit scheme on the back must be completed and signed. Filling out the direct debiting - form (back or second side) is up for a membership at MILF-O requirement and must be sent with the application for membership together with us! The SEPA Direct Debiting System also applies to our comrades from all EU countries!

I agree with the storage of my data for purposes of the military parachute association! I agree with the internal use of my personal data. This application form is not entitled to the grant of membership in the military parachute association, but requires the approval of the Statute established bodies of military parachute association.

signature

place and date