

## WESTERNRIDING RANCH HORSE ASSOCIATION

## Membership application

The fields marked with \* are mandatory fields and must be filled in!

Member Detail		
First Name*		Surname*
Street*		House number*
ZIP CODE*		City*
Federal State*		Country*
Phone number*		Gender*
Date of birth*		Preferred communication *
I request membership		
Adult*		Appentice/student*
adolescent*		
Membership card is available online in the WRHA app		
Bank details		
Account holder		Credit institution
IBAN		BIC
Signature of account holder		
By providing my bank details and my signature, I agree to have the annual membership fee collected via the SEPA Core Direct Debit Scheme. At the same time, I instruct my bank to redeem the direct debits drawn on my account by the EMU. A processing fee of EUR 5.00 will be charged if no direct debit authorization is issued.		
	given your consent. You car	essary to pursue the objectives of the association or to carry out the n find detailed information on data protection on our homepage at
City, Date*		Signature (legal representative)*

Westernriding Ranch Horse Association Feldweg 1 16792 Zehdenick OT Ribbeck

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BIC: GENO DEF1 SLR