

Use this form to register as a member of Table tennis club The Victory.
Of course we appreciate your choice for our association. You are most welcome in our club building at 's Gravelandseweg 3a in Weesp.

Up-to-date information about e.g. playing times, contacts and contribution can be found on www.thevictory.nl

Initials / Last name			
Firstname			
Date of birth		<input type="radio"/> Male	<input type="radio"/> Female
Address			
ZIP code and address			
Phone / Mobile phone			
E-mail address			
Federal number (if known)			
Membership start date			
I want to play competition	<input type="radio"/> Yes	<input type="radio"/> Maybe	<input type="radio"/> No
I became familiar with table tennis club The Victory by			

The Victory asks your permission to process the personal data entered in this form in accordance with the privacy statement used by the association.

Our privacy statement can be found on our website page www.thevictory.nl/algemene-informatie/privacyverklaring/

<input type="radio"/> Yes, I give permission	<input type="radio"/> No, I do not give permission
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Date of signature	
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Signature (if 16 years or older)	Signature of parent, guardian or legal representative (if under 16 years old)

Has everything been entered correctly? Please also complete the direct debit authorization form. We cannot accept your registration without a signed authorization.

Direct debit authorization form

Use this form to authorize Table Tennis Association The Victory to collect the contribution you owe. In this way, efficient collection of contributions can take place and the costs for our association remain within limits. It is also extremely easy for you.

The direct debit orders will be processed on or around February 25 and on or around September 25. If you do not agree with a debit, you can have the collected amount refunded. That is called cancellation.

Ask your bank how you can best reverse a collected amount or withdraw your authorization.

By signing this form, you authorize Table Tennis Association The Victory, until further notice, to debit the contribution and/or any additional costs twice a year from the bank account number (IBAN) entered below.

Initials		
Lastname		
Address		
ZIP code and address		
Bank account number (IBAN)		
Bank name		

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Yes, I give permission

No, I do not give permission

Date of signature	
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Signature account holder	
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Has everything been entered correctly? Please send both forms to the secretariat:

**Bill Zwaag
Chirurgijnsweg 15
1383 DW Weesp
secretaris@thevictory.nl**