



MEMBERSHIP APPLICATION PASO FINO ASSOCIATION EUROPE E.V.

Last Name _____ First Name _____ D.o.B. _____

Last Name _____ First Name _____ D.o.B. _____

Address _____

Telephone (private) _____ Fax _____

Telephone (business) _____ E-Mail _____

Telephone (mobile) _____ Homepage _____

I herewith apply to become a member of the Paso Fino Association Europe e.V. as:

(fiscal year of the association always from January 1st to December 31st)

- | | |
|---|-------------------|
| <input type="checkbox"/> Individual | Euro 80,- / year |
| <input type="checkbox"/> Couple | Euro 105,- / year |
| <input type="checkbox"/> Family / Business | Euro 155,- / year |
| <input type="checkbox"/> Junior (under 18 Jahre) | Euro 40,- / year |
| <input type="checkbox"/> Aficionado / Sponsor (currently not owning a Paso Fino) | Euro 40,- / year |

City / Date _____ Signature _____

I agree that my personal data will be electronically stored and processed and can be used for all purposes of the PFAE e.V., including publication in printed media and in the internet.

City / Date _____ Signature _____

SEPA Direct Debit Mandate

By signing this mandate form, you authorise Paso Fino Association Europe e.V (Creditor identifier: DE54ZZZ00001359034) to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from Paso Fino Association Europe,e.V..

IBAN: _____

Swift/BIC: _____ Bank: _____

Name of debtor: _____

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please return to: PFAE e.V – Secretary
Kira Bäumert, Fuldaer Straße 11, D-36391 Sinntal
Telefon +49 6664 2699194, E-Mail contact@pfae.org

Bank information: Sparkasse Mainfranken, IBAN: DE09 7905 0000 0044 4910 66,
Swift/BIC: BYLADEM1SWU

Paypal: paypal@pfae.org