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| Mitgliedsantrag | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
| **Akkordeonclub Treffpunkt Musik Wilden e.V.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Gläubiger-Identifikationsnummer | | | | | | | | |  | | DE36ZZZ00000285568 | | | | | | | | | | | | | | | | | | | |  |
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| **Hiermit erkläre ich meinen Beitritt in den Akkordeonclub  Treffpunkt Musik Wilden e.V. mit Wirkung vom heutigen Tage:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Name, Vorname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Straße, Hausnummer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| PLZ, Ort | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Telefon (Festnetz) | | | | | | | | | | | | | | |  | | Telefon (Mobil) | | | | | | | | | | | | | |  |
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| E-Mail | | | | | | | | | | | | | | |  | | Geburtsdatum | | | | | | | | | | | | | |  |
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| Der Jahresbeitrag beträgt zurzeit 20,00 Euro für aktive Mitglieder / 24,50 Euro für fördernde Mitglieder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Ort, Datum | | | | | | | | | | | | | | |  | | Unterschrift | | | | | | | | | | | | | |  |
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| SEPA-Lastschriftmandat | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | |  | | | | | | | | | | | Mandatsreferenz (Mitgliedsnummer - wird separat mitgeteilt) | | | | | | | | | | | |  |
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| Hiermit ermächtige ich den Akkordeonclub Treffpunkt Musik Wilden e.V., Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die vom Akkordeonclub Treffpunkt Musik Wilden e.V. auf mein Konto gezogenen Lastschriften einzulösen.  Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Ort, Datum | | | | | | | | | | | |  | | Unterschrift | | | | | | | | | | | | | | | | |  |