

**Tinker Horse and Irish Cob Society
Germany e.V.**

**Bachstr. 5
85617 Lorenzenberg**



Application for membership

Surname / First Name: _____ Date of birth: _____

Address: _____

Post Code / Town: _____

Tel. / Fax: _____

Mobile / Cell Phone: _____

eMail: _____

Website: **HTTP://WWW.** _____

County / Country: _____

Location/Town, date: _____

signature: _____

Minors have to get a legal guardian to sign

A valid membership results from the acceptance of the application by THAICS and after the payable member's fee (according to the scale of charges and fees) has been received.

Please collect the annual fee by direct debit from my bank account.
I authorize the direct debit with my signature below.

Bank Account Number: _____ Sort Cort: _____

Name of Bank: _____

Account holder: _____

BIC Code / IBAN: _____

Location/Town, date: _____

Signature: _____

I read and accept the terms and conditions.

My membership data can be viewed by members of THAICS..

I have been informed about the rules of cancellation (14 days prior to.....)