



# TRIAZ

application  
tennis member

Name:

First name:

Initial(s):

Address:

Postal code:

City:

Phone number:

E-mail address:

Gender:

**M / F**

Day of birth:

**If a minor:**

Name of parent or guardian:

Initial(s):

Address:

Postal code:

City:

**I authorize Triaz to collect membership fees by direct debit**

Account number:

Signature accountholder:

*When you disagree with a direct debit, you can let it reverse by your bank within one month.*

**By signing this form you agree with the statutes of sv Triaz. The statutes are available ( in Dutch) on request from the secretary through an e-mail to [secretaris@triaz.nl](mailto:secretaris@triaz.nl).**

**By registering you will join sv Triaz as an associate member. You have access to the members' meetings, but you have no voting rights.**

**When you are provided with a pass key you agree to pay a deposit. For replacement due to loss, damage or theft you will pay another deposit for the new pass key.**

Place and date:

Signature of the applicant, of – if minor – the parent or guardian: