

Sailing Team Darmstadt e.V.
c/o TU Darmstadt, HV Nord
Hochschulstraße 6a (Raum 16)
64289 Darmstadt



Antrag um Aufnahme in den Verein

Hiermit beantrage ich die Aufnahme als ordentliches Mitglied in den **Sailing Team Darmstadt e.V.** zum nächstmöglichen Zeitpunkt.

Name.....

Straße & Hausnummer.....

PLZ & Ort.....

Geburtsdatum.....

E-Mail.....

Hinweis: Der Vorstand weist gemäß Art. 13 der Datenschutzgrundverordnung darauf hin, dass zum Zweck der Mitgliederverwaltung und –kontaktierung Ihre oben angegebenen Daten gespeichert und verarbeitet werden.

Ich erkläre mich mit den folgenden Punkten zur Datenverarbeitung innerhalb des Vereins einverstanden:

- Ich bin damit einverstanden, dass meine o.g. E-Mail-Adresse zu Vereinszwecken an andere Vereinsmitglieder weitergegeben werden darf.
- Ich erteile meine ausdrückliche Einwilligung, dass Foto-und Videoaufnahmen von meiner Person bei Veranstaltungen und zur Präsentation des Teams angefertigt und auf der Webseite des Vereins sowie in Social Media und Presseerzeugnissen veröffentlicht werden dürfen.

Mir ist bekannt, dass ich meiner Einwilligung in die Datenverarbeitung jederzeit ganz oder teilweise mit Wirkung für die Zukunft widerrufen kann und ein Recht auf Auskunft über die Verarbeitung meiner Daten habe.

Mit meiner Unterschrift erkenne ich die aktuelle Vereinssatzung einschließlich der Beitragsordnung sowie die jeweils gültigen Beitragssätze ausdrücklich an. Weiterhin versichere ich, den Verein und seine Aktivitäten nach außen hin angemessen zu repräsentieren.

Ort/Datum

Unterschrift

SEPA Lastschriftmandat

Hiermit ermächtige ich den Verein **Sailing Team Darmstadt e.V.** widerruflich, die von mir nach der Satzung bzw. der Beitragsordnung zu entrichtenden Vereinsbeiträge bei Fälligkeit durch Lastschrift von meinem Konto einzuziehen:

Kontoinhaber.....

Kreditinstitut.....

IBAN.....

BIC.....

Zugleich weise ich mein Kreditinstitut an, die vom **Sailing Team Darmstadt e.V.** (Gläubiger-ID DE15zzz00001577792) 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.

Ort/Datum

Unterschrift

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