

Free Fight Association e.V.

Amtsgericht Eschwege VR 1651
Mecklenburger Weg 2
37287 Wehretal

FFA Application Form

- Sport Schools -

Name of school:

Street / Nr.:

Zip code / City/ Location:

Phone:

Fax:

Email:

Homepage:

Contact Person

First Name:

Name:

Phone:

Fax:

Homepage:

eMail:

I apply in the name of our school / team for acceptance of our school to be a member of the Free Fight Association e.V. and agree to the debit of the membership fee of currently 77,- Euro per year and a down payment of 15,- Euro.

The following bank account shall be used for any debit transfer action:

Name of accountholder:

Name of bank:

Swift Code:

Account Number:

Int. Bank Account Number

Place, date, signature:

FFA Application Form

- Single person -



Name of school or team

First name

Name

Date of birth: _____

Place of birth: _____

Zip code, City: _____

Street, number: _____

Cellphone: _____

Phone: _____

Fax: _____

eMail: _____

Homepage Adresse: _____

I apply in the name of our school / team for acceptance of our school to be a member of the Free Fight Association e.V. and agree to the debit of the membership fee of currently 24,- Euro per year and a down payment of 15,- Euro.

The following bank account shall be used for any debit transfer action:

Name of accountholder: _____

Name of Bank: _____

Swift code: _____

Account number: _____

Int. Bank Account Number _____

City, date, signature: _____