



Initials First name Last name Date of birth B. Address information Address Postal code Place of residence Email (no school mail) Mobile phone number C. Sports card Sports card number (no s-number) D. Education Educational institution Area of study Starting year study E. Data previous association (Fill in if applicable) Competition number License number F. Contribution I agree with a contribution of €39,50. This will be collected by means of recurrent collections. The undersigned declares that the form has been filled in truthfully and agrees to the terms and conditions of membership of E.S.S.V. Isis.	A. Personal data	
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	Date	
Place	Place	



G. Additional

I know abou	it E.S.S.V. Isis from:		
H. Interes	st committees		
Are you into	erested to help one or more committees	of Isis?	
	AK (Activities committee)	☐ Yes	No 🗖
	Internet committee	☐ Yes	No 🗖
	Editorial Crisis	☐ Yes	No 🗖
	Promotion committee	■Yes	No 🗖
	Training camp committee	■Yes	No 🗖
	Cycling camp committee	Yes	No 🗖
	Equipment committee	■Yes	No 🗖
	Tournament committee	Yes	No 🗖
	Batavierenrace committee	■Yes	No 🗖

I. Introduction weekend

Introduction committee

In November the yearly introduction weekend of Isis will take place. This weekend we will organize fun activities, this is the best way to get to know the association and its members. As a new member of Isis we expect you to come along as well so we can have a great weekend with new members!

□Yes

No \square



Eindhovense Studenten Schaatsvereniging Isis Mandate for recurrent collections

SEPA

Name	Eindhovense Studenten Schaatsvereniging Isis
Address	Onze Lieve Vrouwestraat 1
Postal code	5612 AW
City	Eindhoven
Country	Nederland
Creditor Identifier	NL80ZZZ402366480000
Mandate reference	
Reason for payment	Contribution and participation in activities
By signing this mandate for	m, you authorise
Eindhovense Studenten So	chaatsvereniging Isis
	instructions to your bank to debit your ebit your account on a recurrent basis in accordance with the
Eindhovense Studenten So	chaatsvereniging Isis
As part of your rights, you a conditions of your agreement	are entitled to a refund from your bank under the terms and nt with your bank.
A refund must be claimed v debited. Ask your bank for	within 8 weeks starting from the date on which your account was the conditions.
Name	
Address	
Postal code	
Place of residence	
Country IBAN	
	Place and date
	Signature ————————————————————————————————————