

Motorsegler-Interessengemeinschaft

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Declaration of Accession

I'd like to get a member of the Motorglider association.

Name: _____ Date of birth: _____
1st Name: _____ Tel No. _____
Street: _____ Fax: _____
Zip/City: _____ Mail: _____

I agree, that the annual premium of 18 Euro will be debited from my account. In case I forget to inform about a change of my account, I will cover the resulting charges. (For foreign country members: Those will initiate a bank transfer to the below mentioned International account number)

Bank: _____
Bank_ID: _____ Account-Number: _____
Acc.-Owner: _____

I declare to have appropriate insurance coverage to operate a Modell Motorglider.

At: _____ Member-ID: _____

I agree, that my name, city and country is shown in the public Memberlist on our Website for all visitors. My complete address, with phone number and E-Mail address will be made available for the members in the password-secured part of our homepage.

Yes: _____ No: _____

The membership is for one year each and extends automatically, but can be cancelled any time without the need to declare the reason of cancellation.

Date: _____ Sign: _____

Bank account: Joachim Henke Sparkasse Bad Kissingen, BLZ:79351010 Kto: 8286148
Reason for Payment: MoSe-IG

International account(IBAN): DE 52793510100008286148
Bankidentifikation (BIC): BYLADEM1KIS Reason for Payment: MoSe-IG