

Membership application

P1-Gaming e.V.



Starting date of the membership: _____

As ___ Adult (50,- Euro per year) ___ Youth (50,- Euro per Year)

Vorstand

1. Vorsitzender
Markus Broch
2. Vorsitzender
Daniel Hahn

Surname

First Name

Street Address

ZIP, City

Date of Birth

Nationality

Phone

Mobile

E-Mail address

I agree to be bound to the statute and the rules of P1-Gaming e.V.

Persons under the Age of 18 years need the approval and Signature of their legal representative.

ZIP, City,

Date

Signature (applicant)

Signature (legal representative)

Payment method: ___ Bank transfer

Payment period: ___ Yearly

Bank Details:

Deutsche Bank Solingen

Empfänger: P1-Gaming e.V.

Kontonummer: 1041888

Bankleitzahl: 34270024

IBAN: DE74 3427 0024 0104 1888 00

BIC: DEUTDEDB342

Address:

P1-Gaming e.V.

Markus Broch

Weyerstr. 288

42719 Solingen

0212/22655046

Vorstand@p1-gaming.de

Please send the application completed and signed to: vorstand@p1-gaming.de

