Membership and SEPA direct debit application Please write in block letters.

I like to join the G	BLAS Automobilclub e.V.:		
Name		First Name	
Address			
City, State, Zip	ř		
Phone		Mobile	
Date of Birth		Mail	
I own the following	ng GLAS vehicles:		
Model	VIN number	Year	Condition
ternal purposes.	t the information provided will be store I will contact the club immediately if ternational e.V. By-Laws.	-	_
Date		Signature	
Data of bank c	connection:		
Financial Instituti	on		
Account holder	,		
IBAN			
віс Ш			
cial institution na for any delay or le tion or due to an This agreement v	e the GLAS Club International e.V. to warmed above. Further, I agree not to holoss of funds due to incorrect or incomperror on the part of my financial institution will remain in effect until the GLAS Club nancial institution.	d authorize the GLAS Club Int plete information supplied by nation in depositing funds to my	ternational e.V. responsible ne or by my financial instituaccount.
Data	Signature (Acco	unt holder)	