



**Application for temporary membership in the DFV e.V.**

|  |     |  |      |  |
|--|-----|--|------|--|
| Surname, First name<br>(Nachname, Vorname) |     |  |      |  |
| Street Address<br>(Straße, Hausnummer)     |     |  |      |  |
| Postcode Town<br>(Postleitzahl, Ort)       |     |  |      |  |
| Phone (Telefonnummer)                      |     |  |      |  |
| Mobile (Mobilfunknummer)                   |     |  |      |  |
| Fax (Fax)                                  |     |  |      |  |
| e-mail address (E-Mail-Adresse)            |     |  |      |  |
| Date of Birth (Geburtsdatum)               |     |  |      |  |
| License number (if applicable)             |     |  |      |  |
| Issued by                                  | DFV |  | DAeC |  |

I hereby apply for temporary membership in the Deutscher Fallschirmsportverband e.V.

I live in the following Bundesland/Land \_\_\_\_\_.

The temporary membership (maximum of 90 day per calendar year) starts on \_\_\_\_\_  
 and ends on \_\_\_\_\_.

The temporary membership fee of Euro 20.00 must be submitted with the application and should be transferred to

Kreissparkasse Saarlouis

IBAN: DE62 5935 0110 0230 4000 04

BIC: KRSAD55XXX

Place, Date \_\_\_\_\_ Signature \_\_\_\_\_