

Western Europe Working Australian Shepherd Club
Membership Application

Please see details below!

Name:

Date of Birth:

Street:

City:

Country:

Telephone number:

Fax number:

e-mail:

Are you a member of ASCA? Yes, ASCA Membership Number:

You apply for

Family Membership

List Name and Date of Birth of Family Members:

Full Membership

Junior Membership

I/We the undersigned, do hereby submit this application to WEWASC and agree to abide to its bylaws.

Date :

Signature :

Signature :

For minors, the signature of both parents is required. Alternatively, a power of attorney of the non-signatory parent or a certificate of sole parenting authority may be attached!

Please send the completed and signed membership form, the SEPA direct debit mandate and the completed and signed on several pages [GDPR declaration](#) by post to the WEWASC Secretary

or by E-Mail to: secretary@wewasc.com

You find the postal address under [board](#)

The current membership fees you find under [WEWASC membership](#)

SEPA Direct Debit Mandate / Sepa-Lastschriftmandat

Recurrent Payment / Wiederkehrende Zahlungen

Creditor's Name and address

Name und Anschrift des Zahlungsempfängers (Gläubiger)

WEWASC e.V.
Western Europe Working Australian Sheperd Club
Haibacherstraße 118
63768 Hösbach



Creditor identifier / Gläuber-Identifikationsnummer: **DE52ZZZ00001169532**

By signing this Mandate form, you authorise WEWASC e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions form WEWASC e.V.

Ich / wir ermöchte(n) WEWASC e.V., Zahlungen von meinem / unserem Konto mittels Lastschrift einzuziehen. Zugleich weise(n) ich/ wir mein / unser Kreditinstitut an, die vom WEWASC e.V. auf mein / unser Konto gezogenen Lastschriften einzulösen.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Hinweis: Ich kann / Wir können innerhalb von acht Wochen, beginnend mit dem Belastungsdatum die Erstattung des belasteten Betrages verlangen.

Es gelten dabei die mit meinem / unserem Kreditinstitut vereinbarten Bedingungen

Name of debtor / Kontoinhaber (Vorname, Name):

Street Name und number / Straße, Hausnummer:

Postal Code and City / Postleitzahl und Ort:

Country / Land:

Account number-IBAN / IBAN-Nummer:

Swift BIC / BIC:

Location, date / Ort, Datum:

Signature(s) / Unterschrift(en):
