

Application form



For membership of

Volleybalvereniging AMVJ-Martinus Amstelveen

Postbus 737
1180 AS Amstelveen
ledenadministratie@vvamstelveen.nl

Please complete in block letters

Surname:		<input type="checkbox"/> Male / <input type="checkbox"/> Female	
First name:		Initials:	
Date of birth:		Place of birth:	
Address:			
Postal code:			
Town:			
E-mail member:		Telephone member:	
E-mail parent:		Telephone parent:	
E-mail parent 2:		Telephone parent 2:	

Above mentioned person wishes to become a member of **Volleybalvereniging AMVJ Martinus Amstelveen**.

Please only complete below questions if played competition in NL before.

Name of last club:	
Last season competition was played:	
Level of competition:	
Relationship number NeVoBo:	

Please mark that which is applicable:

- I wish to play for one of our competition-playing team (when places are available). The technical commission will make the allocation of the players, teams and trainers.
- I wish to become a recreational member to join the monthly recreational compition.
- I wish to become a recreational member and to only train.
- I wish to become a supporting member and to volunteer work for the club.

I'm aware and agree with the following facts::

- Every competition-playing member* from the age 16 years needs to pass the "spelregeltoets" to be able to referee matches of other team of the club.
- Every member of our club contributes to a pleasant volleyball environment.
- Every member will uphold his/her contribution requirements.
- Every member* commits themselves to perform volunteer procedures, see next page.
- By signing this application form I agree with the house rules and privacy rules, obtainable from www.vvamstelveen.nl under 'clubinfo'
- Notice of the Membership needs to be received per E-mail, before July 1st of the future season to ledenadministratie@vvamstelveen.nl.

Photo as attachment of this form	Date:
	Signature (Parent or guardian if member is younger than 18 years):

* = For members younger than 16 years old which can't uphold their volunteer requirements, the parents are expect to perform these requirements.

Please print this form, fill in the required information, sign duly, scan it and send it to ledenadministratie@vvamstelveen.nl or send it to the above mentioned postal box.

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Mark atleast one of the followin boxes (see the website for the vacant positions):

Request for extra information: as an club, we would like to get to know our members and, under 18 years, the parents of the members.

We have a club of over 200 playing members that we want to support in their sport and in their social life. Sport bonds, delivers new friends etc. To support this as well as possible, the board needs knowledge holders, relations and networks. We would like to ask members, or the parents of members, to indicate below how they want to support our club association by ticking at least one box:

- | | |
|---|--|
| <input type="checkbox"/> Referee | <input type="checkbox"/> Event commission |
| <input type="checkbox"/> Member of the board | <input type="checkbox"/> Member of the Technical Commission (TC) |
| <input type="checkbox"/> Redaction News letter | <input type="checkbox"/> Member of the Junior Commission (JC) |
| <input type="checkbox"/> Material management | <input type="checkbox"/> Bar service |
| <input type="checkbox"/> Junior camp organization | <input type="checkbox"/> Trainer and/or coach for seniors |
| <input type="checkbox"/> Hall service | <input type="checkbox"/> Website management |
| <input type="checkbox"/> Trainer and/or coach for the juniors | <input type="checkbox"/> Organisation Mini of the Week |
| <input type="checkbox"/> Sponsor commission | <input type="checkbox"/> Sponsor for the club |
| <input type="checkbox"/> Donate to the club | <input type="checkbox"/> Other, being: |

Do you have any contacts that can support our club: