



Application form

For membership of Volleyballclub **AMstelveen**

Please complete in block letters

Surname:	
First name:	
Date of birth:	
Address:	Town:
Postal code:	
Primary email:	
Email of parent	
Phonenumber: home:	mobile:

wishes to become a member of Volleyballclub AMstelveen (**VV 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 # NeVoBo:

He/She wants to play for one of our competition-playing team (when places are available)

He/She is aware and agrees with the following facts:

- VV AMstelveen will collect it's contribution to the club through automated collection in September of each new season: **IBAN .. . NL 0**
- Every member of our club contributes to a pleasant volleyball environment.
- Every member of our club is required to perform NeVoBo proceedings for the club.
- Notice of the Membership needs to be received in writing or via E-mail, before June, 1st.

photo

Date:

Signature (legal representative):

Please print this form, fill in the required information, sign duly, scan it and send it to Ledenadministratie@vvAMstelveen.nl.