REQUEST OF MEMBERSHIP

REQUEST OF M	IEMBERSHIP	Cakal
full name		Soaked in
		Joca
birth date	country of birth	~
street		
postcode & city		
country	mobile phone	
e-mail		
protection laws and regulation	ıs, (eg. for Newsletters, invitation	oca e.V. exclusively in accordance with the applicable data for yearly General Meetings etc.). A revocation of the use of on below. Once your application is successful, you will be
	€ 50 (60 USD) is due at the sta n joining the association, all n	rt of the year on January 1st. new members must immediately pay the full annual
below before the 1s	t of the following month. N will receive via e-mail your	
Soaked in Soca e.v. rese	rves the right to refuse application	ons that violate the association's statutes.
Soaked in Soca e. Deutsche Skatba IBAN: DE38830654 BIC: GENODEF1SL	nk 4080004281136	
date & city	signature	
complete and send to: membership@soakedinsoc Soaked in Soca e.V. Kornblumenweg 3 50858 Köln Germany	a.com or	Only fully and correctly completed applications will be accepted. All fields are mandatory.

Admission on: Memebership number: