

Registration form adult players

for membership of Volleyball Association KVA

The undersigned hereby registers for membership of Volleyball Association KVA. Memberships can only be ended at least four weeks before the end of the season in writing (by post or email) to the membership administration. Place a check mark at the information that may not be shared with other members.

Personal details

Initials and gender	_____	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> other
First name	_____			
Last name	_____			
Date of birth	<input type="checkbox"/>	_____		

Contact details

Street and house number	<input type="checkbox"/>	_____
Postal code and city	<input type="checkbox"/>	_____
Phone number	<input type="checkbox"/>	_____
Email address	<input type="checkbox"/>	_____

Previous membership

Previous volleyball association	_____
NeVoBo relation code	_____

Signature

Date	_____
City	_____
Signature	_____

- This form is for adults only (18 years or older). Please use the registration form for minors/youth if you are 17 years or younger.
- Please submit a recent passport photo together with this form.
- Use the mandate form (*Machtigingsformulier*) for direct debit payment of membership fees.

Please send the completed and signed form to Barbara de Beer, Riouwstraat 91 B, 1094 XK AMSTERDAM or mail it to: ledenadministratie@kvavolleybal.nl