

## Registration form

*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 (post or email) to the membership administration.

### Personal details

Initials and gender	<input type="text"/>	<input type="checkbox"/> man	<input type="checkbox"/>
First name	<input type="text"/>		
Last name	<input type="text"/>		
Date of birth	<input type="text"/>		

### Contact details

Street and house number	<input type="text"/>
Postal code and place of residence	<input type="text"/>
Phone number	<input type="text"/>
E-mail address	<input type="text"/>

### Previous membership\*

\*Leave these fields blank if you have not been a member of another volleyball club in the Netherlands yet.

Name last volleyball	<input type="text"/>
NeVoBo relation-code (ID)	<input type="text"/>

### Signature

Date	<input type="text"/>
Place	<input type="text"/>
Signature	<input type="text"/>

- This form is for members aged 18 years or older. Please use [the registration](#) form for minors/youth players if you are 17 years or younger.
- Please submit a recent **passport photo** together with this form.
- Use the [authorization form](#) for direct debit of the membership contribution.

Please send the completed and signed form to Cynthia Jansen, Esplanade de Meer 201, 1098 WK AMSTERDAM, or

[ledenadministratie@kvavolleybal.nl.](mailto:ledenadministratie@kvavolleybal.nl)