



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="checkbox"/> man	<input type="checkbox"/>
First name	_____		
Last name	_____		
Date of birth	_____		

Contact details

Street and house number	_____
Postal code and place of residence	_____
Phone number	_____
E-mail address	_____

Previous membership*

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

Name last volleyball	_____
NeVoBo relation-code (ID)	_____

Signature

Date	_____
Place	_____
Signature	_____

- 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 ledenadministratie@kvavolleybal.nl.