Muaythai Bund Deutschland e.V.,
Bundesgeschäftsstelle: Alte Bergheimer Strasse 11 - 41515 Grevenbroich
Tel. 02181-63238
E-Mail: mail@mtbd.info
www.MTBD.de

Temporary Membership Application Muay Thai Bund Deutschland e.V. (MTBD) SEPA Mandate Reference = M.T.B.D/WMC Pro Muaythai (limited to 12 months)

I hereby apply for admission as a passive member (in accordance with §6.3 of the statutes) to the Muay Thai Bund Deutschland e.V.. The one-time fee amounts to **€25.00** and will be collected on the next business day following submission via SEPA direct debit. Alternatively, payment may be made via bank transfer; membership becomes effective upon receipt of funds in the account listed below. The membership is limited to a duration of **12 months** and will automatically expire thereafter. The issuance of a competition license for the PRO divisions of the MTBD or participation in MTBD events does **not** establish statutory membership rights or voting rights within the association. As a passive member, I fully accept and agree to comply with the **NADA (National Anti-Doping Agency) Code**, as well as all MTBD/WMC rules and regulations.

Please complete in BLOCK CAPITALS (legibly), thank you!

First Name & Last Name:	
Street & House Number:	
Postal Code / City:	
Name of my Club	
Age:	
Date of Birth:	
Phone:	
E-Mail:	

Place, Date: _____

Signature: _____

Einzugsermächtigung — **Muaythai Bund Deutschland e.V.** Alte Bergheimer Straße 11, 41515 Grevenbroich
Gläubiger-Identifikationsnummer: **DE68ZZZ00000223688** - Mandatsreferenz..... (wird vom M.T.B.D. vergeben)
Ich ermächtige den Muaythai Bund Deutschland e.V., Zahlungen von meinem Konto mittels Lastschrifteinzug einzuziehen. Zugleich weise ich mein Kreditinstitut an, die vom Muaythai Bund Deutschland e.V. gezogenen Lastschriften einzulösen. Ich kann innerhalb von 8 Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit dem Kreditinstitut vereinbarten Bedingungen.

Vor-/Familienname:_____ Straße:_____

PLZ/Ort:

IBAN

D	E																			

BIC

Unterschrift Kontoinhaber:

MUAY THAI BUND DEUTSCHLAND e.V. (MTBD)
Fight Record Declaration

Fighter Information

Name: _____

Date of Birth: _____

Nationality: _____

Club / Gym: _____

Fight Record:

Wins: _____

Losses: _____

Draws: _____

Total Number of Fights: _____

Declaration

I hereby declare that the above information regarding my fight record is complete and accurate.

I am aware that providing false information may result in sanctions imposed by the Muay Thai Bund Deutschland e.V.

Proof of Identity

A clear and legible copy of a valid identification document must be submitted with this application:

☐ **Identity Card**
☐ **Passport**
Text: Copy of ID / Passport

Place, Date: _____

Signature Fighter: _____

(For minors additionally)

Signature Legal Guardian: _____

Name Legal Guardian: _____

After verification: Competition license will be issued via e-mail

E-mail Address: _____