



Membership Application

(please write clearly!)

First Name: _____	☐ Adult	260 €
Last Name: _____	☐ Partner	220 €
Gender: ☐ female ☐ male	☐ Students & Apprentices	180 €
Street/Nr.: _____	☐ Teens/Children	110 €
ZIP Code/City: _____	☐ Siblings/Tobacco Children	80 €
Date of birth: _____	☐ Secondary Membership	120 €
Phone Number: _____	☐ Passiv	85 €
	☐ Key deposit	50 €

E-Mail: _____

Legal guardian of a minor

First Name: _____ Last Name: _____

The membership fee is due immediately upon joining and must be paid by March 31 of each year to the club account listed below.

I consent to the storage of my data by the TC Tobacco Hakenfelde e.V. club. This data will be used solely for club purposes. Data protection regulations will be observed.

This consent may be revoked at any time. I acknowledge the bylaws of TC Tobacco Hakenfelde.

For more information, visit our website: www.tc-tobacco.de

Date/Signature: _____