**Membership form MSAV Uros**

**Personal information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name** |  | **:** |  | |  |
| **First name** |  | **:** |  | |  |
| **Date of birth**  **(dd-mm-yyyy)** |  | **:** |  | |  |
| **Gender** |  | **:** | **Male** | **Female** | **Other** |
| **Language** |  | **:** | **Dutch** | **English** |  |
| **Email address** |  | **:** |  |  |  |
| **Address** |  | **:** |  | |  |
| **Postcode + city** |  | **:** |  | |  |
| **Phone number** |  | **:** |  | |  |
| **IBAN + BIC** |  | **:** |  | |  |
| **Um student number** |  | **:** |  | |  |
| **Faculty** |  | **:** |  | |  |
| **UM-Sports membership\*** |  | **:** | **Yes** | **No** |  |
| **Emergency Contact Phone Number** |  | **:** |  |  |  |

*\*Please add a copy/screenshot of your UM Sports My account 🡪 Membership card to this form.*

|  |  |  |
| --- | --- | --- |
| Are you a member of another athletics club? | Yes | No |
| If so, what is the name of that club? |  | |
| Do you have a Dutch Athletics Union license? | Yes | No |
| If so, what is your Athletics Union number? |  | |
| If not, do you want a license to participate in competitions?\* | Yes | No |

*\*Attention, this will cost you €25 in addition to the €50 membership fee.*

**Diplomas:**

We would like to know whether you have one of the following diplomas:

Athletics trainers diploma Jury diploma Emergency aid diploma

**Subscription:**

The annual membership fee is €50.00 and for members joining in spring €32.00 (plus €17.50 administration costs for the first year). The membership is paid by direct debit.

**Consent shooting/using pictures**

Throughout the year, MSAV Uros would like to take and use picture for our site, social media and/or newsletter. We need your permission for the use of the pictures. When you have given consent, you can always change your mind and notify the board about it.

Yes, I do give consent.  No, I do not give consent.

I hereby declare my wish to become a member of MSAV Uros until further notice. I authorise MSAV Uros to collect the owed membership fee from my bank account once a year. Also, if I want a competition license, I check the option and authorise MSAV UROS to collect the extra 25 euros, on top of the 50 euros membership fee. Furthermore, I authorise MSAV Uros to collect the costs of activities and suchlike from my bank account in the event that this has not been paid directly after the activity.

Bank account no. (IBAN) :

City :

Date :

Signature :

*Terminating your membership can be done by sending an email to the secretary before the 1st of August.*

**Processing personal data of association members**

Personal data of association members are processed by MSAV Uros for the following purposes:

* Administrative purposes;
* Communication purposes;
* Implementing the membership agreement.

The foundation for these personal data is:

* The membership agreement;
* The registration for the newsletter.

For the purposes stated above, MSAV Uros can ask for the following personal data:

* Name;
* Address;
* City;
* Phone number;
* Email address;
* Gender;
* Date of birth;
* IBAN-number;
* Student number;
* Faculty;
* Language of speak;
* Subscription date MSAV Uros;
* Atletiek Unie license number;
* Association coupled to the license number;
* First aid diploma.

|  |  |
| --- | --- |
| I hereby declare my wish to become a member of MSAV Uros until further notice. I authorise MSAV Uros to save and use my information mentioned above. I hereby declare MSAV Uros to share this information with Atletiek Maastricht, MUSST and the Atletiekunie. | |
| Signature: |