GLAS
AUTOMOBILCLUB INTERNATIONAL e.V.

Membership and SEPA direct debit application
Please write in block letters.

I like to join the GLAS Automobileclub e.V.:

Name _____ First Name _____

Address _____

City, State, Zip _____

Phone _____ Mobile _____

Date of Birth _____ Mail _____

I own the following GLAS vehicles:

Model	VIN number	Year	Condition

I understand that the information provided will be stored by the GLAS Automobile Club International for only internal purposes. I will contact the club immediately if there are any changes. I have read and accept the GLAS Automobilclub International e.V. By-Laws.

Date _____ Signature _____

Data of bank connection:

Financial Institution _____

Account holder _____

IBAN _____

BIC _____

I hereby authorize the GLAS Club International e.V. to withdraw my annual club dues from my account at the financial institution named above. Further, I agree not to hold authorize the GLAS Club International e.V. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.
This agreement will remain in effect until the GLAS Club International e.V. receives a written notice of cancellation from me or my financial institution.

Date _____ Signature (Account holder) _____

Please mail or eMail to:

GLAS Club International e.V.

Uwe Gusen (President) • Am Mühlenberg 8a • D-34246 Vellmar • Germany
Phone (mobile): +49(0)1522-212 07 50 • eMail: uwe.gusen@glasclub.de