Membership and direct debit application

I like to join the GLA	S Automobileclub	e.V.:		
Name				
Address				
City, State, Zip				
Telephone	Mobil			
Date of Birth	eMail			
I own the following	GLAS vehicles:			
Model	VIN number	Year	Condition	
bile Club Internation ately if there are any International e.V. By	al for only interna changes. I have -Laws.	l purposes. I will or read and accept	ed by the GLAS Automo- contact the club immedi- the GLAS Automobilclub	
Financial Institution		Account hold	Account holder	
dues from my accound to hold authorized or loss of funds due my financial institution depositing funds to This agreement will	unt at the financia e the GLAS Club li to incorrect or inc on or due to an er my account. I remain in effec otice of cancellation	I institution named name	withdraw my annual club d above. Further, I agree responsible for any delay ion supplied by me or by my financial institution in G Club International e.V. financial institution.	

Please mail or eMail to:

Membership application

I like to join the	GLAS Automobilect	ub e.V.:			
Name		First Name			
Address					
City, State, Zip					
Telephone		Mobil			
Date of Birth _		eMail			
I own the follow	wing GLAS vehicles:				
Model	VIN number	Year	Condition		
			ed by the GLAS Automo		
bile Club Interr	national for only interi re any changes. I hav	nal purposes. I will d	contact the club immedithe GLAS Automobilclub		
Date	Sign	nature			

Members outside of Germany can make their annual dues payments by personal check in their local currency to their international club contact (payable to the person) or to our club account in Germany via wire transfer in Euros:

Zollernalb Sparkasse, BLZ 653 512 60, account no. 134030582, IBAN: DE32 6535 1260 0134 0305 82, SWIFT-BIC: SOLADES1BAL