

**Type of Membership** (please tick)

- Adult/ Full Member                       Spouse of full member  
 Children/Young adults (under the age of 18)     Family

Membership fee deductions available for Students, trainees, conscripts

Membership fee deductions will only be granted if respective certificates are presented on annual basis

Are any family members already members                       Yes     No

member: .....

Membership number: .....

**Processing notes** (please do **NOT** fill in)

Admission fee: ..... Initial amount: .....

Membership number: ..... Contribution type: .....

Department:..... Member from: .....

reduced until: .....

Edited by: .....



# REGISTRATION



NEW MTV MEMBER?  
**Get your free  
trial training session!**



**Our offer includes:**

**Circuit training (eGym), pain-free concept centre, saunas and massages, pool, tennis and beach volleyball, rehab sports, free parking**  
Training starts from EUR 9.98 per week

**BOOK AN APPOINTMENT FOR A TRIAL TRAINING NOW:**

+49 (0)711 - 25855580 | [service@mtv-motiv.de](mailto:service@mtv-motiv.de) | [www.motiv-fitness.de](http://www.motiv-fitness.de)

MOTIV Fitness Studio | Furtwänglerstr. 145-147 | 70195 Stuttgart | Millöckerstraße Botnang Freibad

**Head Office MTV Stuttgart**  
Am Kräherwald 190 A 70193  
Stuttgart

**Contact:**

+49 (0)711 631887  
+49 (0)711 638727

**Member administration:**

+49 (0)711 21958870

[www.mtv-stuttgart.de](http://www.mtv-stuttgart.de)  
[service@mtv-stuttgart.de](mailto:service@mtv-stuttgart.de)

**Commerzbank**

IBAN: DE43 6004 0071 0553 6446 01  
BIC: COBADEFFXXX (Stuttgart)

**Volksbank Stuttgart eG**

IBAN: DE30 6009 0100 0201 8430 64  
BIC: VOBADDESS

**The following person applies for membership in MTV Stuttgart 1843 e.V.:**

Title: .....

First Name:.....

Last Name:.....

Postcode: ..... Phone: .....

City of Residence:.....

Street: .....

Date of birth: .....

Desired sport: : .....

Email:

I/we acknowledge the statutes of the association in their valid form. I/we agree to the storage, transmission and processing of my/our data in accordance with the Federal Data Protection Act for the purpose of the association. I/we are aware that membership commences on the day of signing this membership agreement. Withdrawal or exclusion does not release from the obligation to pay the annual membership fee in full by the end of the current association year. If a declaration of resignation is not received by the association by 30 September of a year at the latest, the member is obliged to pay the annual membership fee (also) for the following association year.

Stuttgart, the .....  
Date Signature

**Only to be completed if member is minor (below 18 years old)**

Father  
First name: ..... Last name: .....

Mother  
First name: ..... Last name: .....

Father: ..... Mother: .....  
Signature Signature

We agree to join and hereby assume joint and several liability for the dues and other payment obligations resulting from membership.

**How did you find out about us ?:**

- Webseite  Social media/Facebook  Phone book  
 Club is known  Other advertising: .....

**Subscription to MTV Magazine: (three times a year)**

- As a magazine by post  
 As a digital magazine by link via email

**DIRECT DEBIT AUTHORISATION**

**We save work - and you save money**

Payee

First name and surname/company: MTV Stuttgart 1843 e.V.

Street and number: Am Kräherwald 190 A

Postcode and city: 70193 Stuttgart

Creditor identification number: Mandate reference: DE79MTV00000185660 is your future MTV membership number

**SEPA Direct Debit Mandate**

I authorise (We authorise) the above-mentioned payee to debit payments from my (our) account by means of a SEPA direct debit. At the same time, I (we) instruct my (our) credit institution to debit the amount drawn on my (our) account by the above-mentioned payee. to honour direct debits.

**Note:** I (we) can demand reimbursement of the debited amount within 8 weeks, beginning with the debit date. The conditions agreed with my (our) credit institution apply. Before the first collection of a SEPA core direct debit, the above-mentioned payee will inform me (us) about the collection in this procedure type.

**Account holder (debtor)**

First name and surname/company: .....

Street and house number: .....

Postcode and city: .....

Credit institution (name): .....

BIC: .....

IBAN: DE .....

Place, date; signature/s: .....