

MEMBERSHIP APPLICATION FORM 2024

Športno društvo BEACHVOLLEY – Associazione sportiva BEACHVOLLEY

Name and surname: _____

Address: _____

ZIP code, city and country: _____

Phone: _____

E-mail: _____

Birth date: _____

Personal registration / ID number (SSN): _____

By signing this document you agree to become a member of the association of your choice, and thereby accept the member rights and duties arising from the association rules and regulations (the Statute of Športno društvo BEACHVOLLEY – Associazione sportiva BEACHVOLLEY). By becoming a member you allow the processing and usage of your personal data to the extent necessary to provide a functional website, content and services, including publishing photos or video images for any purpose authorized by Slovenian Beachcamp.

Signature of Responsible Person:

(Participant or parent/legal guardian)

