**Beitrittserklärung** Ortsgruppe

Ich erkläre unter Anerkennung

der Satzung ab (Datum)1 Familienname1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Vorname1 Straße, Hausnummer1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



meinen Beitritt zum

**Schwäbischen Albverein e. V.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Postleitzahl1

Geburtsdatum1

Wohnort1

Telefon E-Mail

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Geworben durch

Datum, Ort + Unterschrift aller Antragsteller bzw. der gesetzlichen Vertreter1\*

1 Pflichtfeld

Einzelmitgliedschaft Azubi/Student Ehegattenmitgliedschaft2 Familienmitgliedschaft2

2 Namen + Geb.-Datum inFeldunteneintragen oder ggf.aufextraBlatt

Namen + Geb.-Datum der Familienmitglieder/Name des Partners Mglnr. bei bestehender Mglschaft des Partners

Zeitschrift

|  |  |  |  |
| --- | --- | --- | --- |
| Gau Ortsgruppe | Mitglieds-Nr.[GrauhinterlegteFelderwerdenvonderOrtsgruppeausgefüllt] | Beitr.- gruppe | Eintritts- jahr |
| 2 | 0 | 0 | 7 | 0 |
|  |  |  |  |

erwünscht?

ja nein