**Beitrittserklärung** Ortsgruppe

Ich erkläre unter Anerkennung

der Satzung ab (Datum)1 Familienname1

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meinen Beitritt zum



**Schwäbischen Albverein e. V.**

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Geburtsdatum1

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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

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| Gau Ortsgruppe | | | | | Mitglieds-Nr.  [GrauhinterlegteFelderwerdenvonderOrtsgruppeausgefüllt] | Beitr.- gruppe | | Eintritts- jahr | |
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erwünscht?

ja nein