



## FOCUS JJ ZWOLLE MEMBERSHIP FORM

### Personal Information

First Name		Last Name	
Address			
Postal code		City	
E-mail address			
Mobile number			
Bank account (IBAN)			

### Subscription

#### Adults

#### Students

<input type="checkbox"/> 3-days per a week membership (1 month contract)	40 € / month	35 € / month
<input type="checkbox"/> 3-days per a week membership (6 month contract)	35 € / month	25 € / month

If you pay 6 months in advance you will receive 5% discount

\*All subscriptions have an enrolment fee of 10 €

\*In all cases please make requests before the 20th of the month

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For example, if you wish to resign or change membership at the end of May, please notify us by april 20th.

### Other options

<input type="checkbox"/> Drop in fee (single class) : 10 €
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### Medical details

Please mention relevant medical conditions like :

Epilepsy / Astma / Diabetes / Others

Emergency contact information :

(name and phone number)

I hereby authorize CAM (Focus JJ Zwolle) for direct debit of the monthly subscription fee from the bank account stated above.

Place / date	
Signature	

\* Regardless of your subscription choice the subscription will automatically renew.

\* Changes or canceling of your subscription must be done 1 month in advance by email.

\* Sent an email to [Guvencam030@gmail.com](mailto:Guvencam030@gmail.com)

