

Membership Application DQHA e.V.

Surname, Name: _____

Address: _____ State: _____

Zip, City: _____ Fax: _____

Phone Number: _____ Mobil Phone: _____

Email Address: _____ Occupation: _____

Date of Birth: ____-____-____ Reason for Membership: _____

AQHA-ID-Nr.: _____ DQHA Main Member*: _____
(if available) (if joining as a family member)

Expiration Date: _____

- Competing Recreational Breeder Stallion Owner Organizer

▶ I hereby apply for membership to the Deutschen Quarter Horse Association e.V.!

I acknowledge the DQHA statutes incl. the breeding rules and the contribution rules.

Place, Date Signature (Signature of legal representative for minors)

▶ I have read the data privacy statement (print version or <https://dqha.de/datenschutz/>) and agree to it.

Place, Date Signature (Signature of legal representative for minors)

Type of Membership

membership 1.1. - 31.12. of the year of entry:

	Annual Fee	Annual Fee Equestrian with Disabilities
<input type="checkbox"/> Individual Adult	105 €	68 € (incl. QH-Journal Subscription)
<input type="checkbox"/> Youth Member **	75 €	49 € (incl. QH-Journal Subscription)
<input type="checkbox"/> Additional Family Member *	34 €	22 € (excl. QH-Journal Subscription)
<input type="checkbox"/> Individual Adult (resident abroad)	123 €	80 € (incl. QH-Journal Subscription)
<input type="checkbox"/> Member (resident abroad)	90 €	59 € (excl. QH-Journal Subscription)
<input type="checkbox"/> Entry Fee	13 €	13 € (per Individual Adult)

** any youth, age of 18 or younger as of January 1, is eligible for a youth membership

All information about service und forms of the DQHA e.V. can be found on www.dqha.de.

▶ DEBIT AUTHORIZATION AND SEPA DIRECT DEBIT MANDATE

Creditor Identification Number: DE12ZZZ00000452646

Mandate Reference: Your DQHA Customer Number

I authorize the DQHA e.V. to collect payments from my bank account by direct debit. At the same time I instruct my bank to redeem the conclusions drawn by the DQHA e.V. to my account debits.

Note: I may request a refund of the amount within eight weeks, beginning with the debit date. My bank conditions and fees apply.

Account Holder: _____ Credit Institution: _____

BIC: _____ IBAN: _____

Place, Date Signature Account Holder

Further Details on Data Privacy

Surname, Name: _____

▶ E-mail Communication

I hereby explicitly agree to an e-mail conversation which uses unencrypted messaging. This agreement is valid until a clearly stated cancellation and also includes messages which contain personal data, such as name, date of birth, address etc.

Place, Date

Signature of Email Recipient

▶ Right to the Picture

The DQHA intends to produce pictures, which will then be published on the Homepage on the internet and the intranet and will also be forwarded to other recipients for further publications. These publications will be for an unpredictable period of time.

Thereby the pictures can be obtained by anyone and the chances, that a third person uses or forwards the pictures according to his own will, can not be excluded.

This declaration of consent is effective from the date of the signature onwards until a possible revocation.

Place, Date

Signature

▶ Right to the Picture of Minors

The DQHA intends to produce pictures, which will then be published on the Homepage on the internet and the intranet and will also be forwarded to other recipients for further publications. These publications will be for an unpredictable period of time. Thereby the pictures can be obtained by anyone and the chances, that a third person uses or forwards the pictures according to his own will, can not be excluded. This declaration of consent is effective from the date of the signature onwards until a possible revocation.

With this signature the signee confirms, that he discussed the publications of pictures on the internet with the minor.

Name of the minor: _____

Place, Date: _____

Name of the Custodian: _____

Signature: _____

Name of the Custodian: _____

Signature: _____

Name of the Custodian: _____

Signature: _____