



Ultimaas Membership Form

I agree with Ultimaas saving my data for internal use and I agree with sharing the data with external parties such as **UM Sports** and the **NFB (Nederlandse Frisbee Bond)**. I am aware I can ask the current Ultimaas board what my data is specifically used for and I have the opportunity to have my data deleted.

Name :

Gender : Date of birth (d/m/y) :/...../..... Nationality :

Email : Phone no. :

Address :

Postcode : Town/City :

Country :

To become a member of Ultimaas you are required to be in possession of a **UM Sports “Sports” or “All-in-one” membership** and you are liable for any fines that Ultimaas might receive in the case that you do not. As a student or employee at UM or Zuyd Hogeschool; I am aware that I myself am responsible for getting either one. As an external member; I am aware I am still required to get either one but that Ultimaas will help with the process.

I am a (former) student or employee at UM or Zuyd Hogeschool : Yes, student Yes, employee No

If yes; student or employee ID number :

Recurrent collections mandate SEPA

Membership at Ultimaas costs **€25,-** per half year and is collected up-front at the start of every semester with a notice of one week. Memberships are automatically renewed. If you wish to cancel your membership, written notice has to be given **before** the start of the new semester, i.e. September 1st or March 1st. If you do not have a bank account from one of the SEPA countries please contact the treasurer so an alternative can be arranged.

Creditor name : Ultimaas – Ultimate Frisbee Maastricht

Creditor address : P. Debyeplein 15 Creditor postcode : 6229HA

Creditor town/city : Maastricht Creditor country : Netherlands

Creditor identifier : NL06ZZZ61416843000

By signing this form, you authorize Ultimaas to send **recurrent collection orders** to your bank to debit your account for **membership and player fees** and your bank to debit a recurrent amount from your account in accordance with the order of Ultimaas. If you do not agree with this debit, you can arrange for it to be refunded. Please contact your bank within eight weeks of the date of the debit. Ask your bank for the conditions.

Account number (IBAN) : Bank Identifier Code (BIC)* :

Place and date : Signature

*Not a mandatory field for Dutch account numbers