



# TuS Hausen 1860 e.V.

Turn- und Sportverein  
Hausen 1860 e.V.

Alt Hausen 29-31  
60488 Frankfurt am Main  
Telefon: 069 / 78960007  
eMail: info@tus-hausen.de  
https://www.tus-hausen.de

## Application for membership

each member one form only and  
to fill in **capital** letters !

<b>MembershipNo.</b>	_____ given by TuS Hausen		
<input type="checkbox"/> single Membership	<input type="checkbox"/> family membership	<input type="checkbox"/> partner membership	<input type="checkbox"/> changes only
Surname:	_____		
Given name(s):	_____		
Street:	_____		
ZIP Code/Place:	_____	_____	
resident by:	_____		
Phone number:	_____	_____	
Email adress:	_____		
Date of birth:	____	<input type="checkbox"/> male	<input type="checkbox"/> female
Nationality:	_____		

Please select department(s)  
multiple selection possible

<input type="checkbox"/> Basketball
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Functional Training (Sonderanmeldung mit Zusatzbeitrag)
<input type="checkbox"/> Gymnastik
<input type="checkbox"/> Gymnastik
<input type="checkbox"/> Yoga & Pilates
<input type="checkbox"/> Zumba®
<input type="checkbox"/> Kinderturnen
<input type="checkbox"/> Tennis
<input type="checkbox"/> Tennis (Sonderanmeldung mit Zusatzbeitrag ausfüllen)
<input type="checkbox"/> Passivmitgliedschaft
<input type="checkbox"/> Tischtennis
<input type="checkbox"/> Wandern / Senioren

**Full name and address in case of different account-holder**

Surname:	_____		
Given name(s):	_____		
Street:	_____		
ZIP Code/Place:	_____	_____	
Date of birth:	____	<input type="checkbox"/> male	<input type="checkbox"/> female

**SEPA Direct debit authorization** CREDITOR-ID: DE09TUS00000131339

Period of Payment	<input type="checkbox"/> annually	<input type="checkbox"/> half-yearly	<input type="checkbox"/> quartely
IBAN:	<b>DE</b> _____		

I authorize TuS Hausen 1860 e.V., to debit my account via SEPA-Direct Debit (SDD). Furthermore i instruct my bank to cash all recurring debits from TuS Hausen. Soon i will be informed about the mandate-number by ordinary mail concerning the debit of the membership fees.

**X**

\_\_\_\_\_

Place/Date Signature of account-holder

By becoming a member, I accept the statutes and regulations of our association in the currently valid version. I have taken note of the current version of our statutes.  
Extract from the articles of association (§3 para. 6): Voluntary resignation must be declared to the Executive Board in text form. It is only possible with a notice period of three months to the end of a calendar year.

**1.** \_\_\_\_\_  
Month/Year

**X** \_\_\_\_\_  
signature of member  
(or signature of educate-entitled)

starting fee	2,50 €
<b>monthly fee</b>	
Childs up to 17 Years	9,10 €
Adults	13,00 €
Married-Couple	22,75 €
Family	26,00 €

TH 19.03.2025