

## Membership Application

Association of Breeders and Friends of the East Prussian Warmblood Horse  
of Trakehner Origin – Trakehner Verband – Germany  
Rendsburger Str. 178a, D-24537 Neumünster  
PO Box 2729, D-24517 Neumünster  
Phone: +49 43 21 / 9 02 70

www.trakehner-verband.de  
email: info@trakehner-verband.de  
Fax: +49 43 21 / 90 27 19 or 90 27 29

I request membership with the Trakehner Verband.

Individual Membership

Membership for teens, students  
and trainees

Breeding association, owner  
Cohabitation, stud, family or  
Consortium membership

\_\_\_\_\_  
Name or rather name of breeding association/owner cohabitation/stud/family/consortium

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Street

\_\_\_\_\_  
ZIP-code/city

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Phone (private)

\_\_\_\_\_  
Fax (private)

\_\_\_\_\_  
Phone (business)

\_\_\_\_\_  
Fax (business)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Internet/Homepage

\_\_\_\_\_  
Name and registration number of active brood mares/stallions (if registered in Germany)

### Magazine DER TRAKEHNER

From now on we will send you our magazine DER TRAKEHNER (73,- EUR) 12 times a year as the official organ of the association with all important dates and information. If you already obtain the magazine elsewhere, please indicate:

O is already subscribed by Mr./Mrs. \_\_\_\_\_ O is already subscribed from the publisher

The signature of a parent or legal guardian is required to become a member of underage persons. The seat and the place of jurisdiction of the Trakehner Verband / GmbH is Neumünster. The undersigned recognizes Neumünster as the place of jurisdiction.

X

X

\_\_\_\_\_  
Place, date

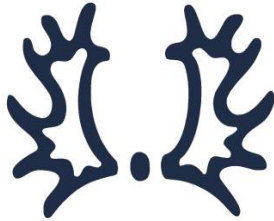
\_\_\_\_\_  
Signature of applicant or legal guardian

#### Trakehner Verband

Rendsburger Straße 178a  
24537 Neumünster  
Tel.: +49 - (0) 43 21 / 90 27 - 0  
Fax: +49 - (0) 43 21 / 90 27 - 19  
Registry court: District court Neumünster  
Association number: VR 296  
The constitution and scale of fees are available on the homepage of the Trakehner Verband ([www.trakehner-verband.de/service/](http://www.trakehner-verband.de/service/)) or can be requested from the office.

#### Trakehner Gesellschaft mbH

Rendsburger Straße 178a  
24537 Neumünster  
Tel.: +49 - (0) 43 21 / 90 27 - 0  
Fax: +49 - (0) 43 21 / 90 27 - 19  
Registry court: Amtsgericht Neumünster  
Registration number: HRB 544  
Business executive: Lars Gehrman



## SEPA Direct Debit Mandate

Association of Breeders and Friends of the East Prussian Warmblood Horse  
of Trakehner Origin – Trakehner Verband – Germany  
Rendsburger Str. 178a, D-24537 Neumünster  
PO Box 2729, D-24517 Neumünster  
Phone: +49 43 21 / 9 02 70

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email: info@trakehner-verband.de  
Fax: +49 43 21 / 90 27 19 or 90 27 29

Hereby I confer a SEPA Direct Debit Mandate.

Payee:

Association of Breeders and Friends of the East Prussian Warmblood Horse  
of Trakehner Origin – Trakehner Verband – Germany  
Rendsburger Str. 178a, D-24537 Neumünster  
Trakehner Verband creditor-ID: DE50ZZZ00000753729  
Trakehner GmbH creditor-ID: DE39ZZZ00000753733  
Mandate reference-no.: The mandate reference number is equivalent to the  
membership number/customer ID of the Trakehner Verband/Trakehner GmbH.  
That number is declared on the bills.

Account holder:

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Street: \_\_\_\_\_  
ZIP code/City: \_\_\_\_\_  
IBAN (22-place): \_  
BIC (8- or 11-place): \_  
Bank: \_\_\_\_\_

SEPA Direct Debit  
Mandate:

By signing this mandate form, I/we authorise the Association of Breeders and Friends of the East Prussian Warmblood Horse of Trakehner Origin – Trakehner Verband – Germany to send instructions to my/our bank to debit my/our account and my/our bank to debit my/our account in accordance with the instructions from me/us.  
The SEPA direct debit mandate of the Trakehner Verband /Trakehner GmbH will be hallmarked by the creditor-ID and the mandate reference number, which is equivalent to the membership number.  
As parts of my/our rights I/we am entitled to a refund from my/our bank under the terms and conditions of my/our agreement with my/our bank. A refund must be claimed within 8 weeks starting from the date on which my/our account was debited.

X

Place, date

X

Signature of account holder