

REGISTRATION FORM

ENG

Name : _____ M / F

Adress : _____

Postal code : _____ City : _____

Country : _____

Telephone : _____

Email : _____

IBAN : _____

BIC code : _____

What year do you want your membership to start? : _____

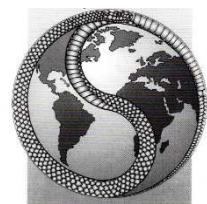
If you choose for the convenience of automatic withdrawal from your bank account (European countries only), please sign the following authorization form.

If you want to pay by bank transfer instead, you can transfer the membership fee to our IBAN bank account NL96 INGB 0004 4388 55, BIC INGBNL2A and mentioning your name.

Mandate for recurrent European SEPA collections

ENG

European Snake Society | Dakotahof 6 | 3404 WE IJsselstein | Netherlands
Creditor ID: NL46ZZZ404801860000



Reason for payment : Annual membership fee

By signing this mandate form, you authorise

- European Snake Society to send recurrent collection instructions to your bank to debit your account and
- your bank to debit your account on a recurrent basis in accordance with the instructions from European Snake Society.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.

Place and date : _____

Signature : _____

Make a copy for your own administration and send the original signed form to:
European Snake Society | Dakotahof 6 | 3404 WE IJsselstein | Netherlands |
membership@snakesociety.nl