



Registration form A.S.C.

Yes, I want to become a member of the Chess Club Alphen (Alphense Schaakclub, A.S.C.).

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|-----------------|---------------------|
| First name: | Initials: |
| Insertion: | Family name: |
| Address: | |
| Zipcode: | City: |
| Date of Birth: | Gender: |
| Phone (mobile): | Phone (net number): |
| E-mail address: | |

The undersigned (*if a minor is the parent or guardian*),

If a minor, the name of the parent or guardian:

hereby declares that he or she wishes to join the Chess Club Alphen (Alphense Schaakclub, A.S.C.) with effect from the date below as (tick the appropriate box):

- Main Member
- Double Member (*you are already a main member of another chess club*),

against payment of the due contribution.

He/she agrees to the use and transfer of the personal data as described in the privacy statement of the Chess Club (*available for inspection on the website and in the gaming room*):

- yes
- no

He/she agrees to the use of images or photos for the website and social media of the Chess Club:

- yes
- no

| | | |
|-------|-------|------------|
| City: | Date: | Signature: |
| | | |