



## Registration form Frisbeevereniging Gronical Dizziness

Personal information:<sup>1</sup>

Name	
Address	
Postal code and city	
Date of birth	
Phone number (fixed)	
Phone number (mobile)	
Email address	
Account number	
Student (yes/no)	
ACLO-member (yes/no)	

My income status is<sup>2</sup>:

Low (student / unemployed)

High (working)

Date:

Signature:

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Please return this form to the secretary of Gronical Dizziness.

Gronical Dizziness  
Postbus 1090  
9701 BB Groningen

<sup>1</sup> Subscribing with Gronical Dizziness automatically makes you a member of the Dutch Frisbee Bond (NFB). Additionally, your birth date and postal code will be registered in KISS (Knowledge Information System Sport of the NOC\*NSF)

<sup>2</sup> Please indicate your status here

