SPL MEMBERSHIP APPLICATION FORM

Please print and fill out the attached membership form and SEPA mandate.
All fields are required (except for the NPA membership number, which will be provided by the union).
Once completed and signed, please send it to: **contactspl@syndicat-spl.fr** with a copy of your bank details (RIB).
In return, you will receive confirmation of your membership at your personal email address, along with your membership number (NPA) and the effective date of your membership.

LAST NAME	FIRST NAME	COMPANY	POSITION (Captain / First Officer)

Signature of future member:

Date: _____

MEMBERSHIP FORM - SEPA DIRECT DEBIT MANDATE

A REMPLIR PAR LE FUTUR ADHÉRENT / TO BE FILLED OUT BY THE FUTURE MEMBER

Unique Mandate Reference (NPA) *(issued by the union)*: _____

The "SEPA Direct Debit Mandate" is the official document that replaces the previous debit authorization across Europe. By signing this mandate form, you authorize:
A/ The CFDT to send instructions to your bank to debit your account;
B/ Your bank to debit your account in accordance with the instructions from the CFDT. You are entitled to a refund from your bank under the terms and conditions of your agreement with them. Any claim for a refund must be made within 8 weeks following the date on which your account was debited for an authorized debit, or promptly and no later than 13 months for an unauthorized debit.

Debtor's Full Name (Last / First): _____

Personal Address (Street Number and Name): _____

Zip / Postal Code: _____ **City:** _____ **Country:** _____

Date of Birth (DD/MM/YYYY): _____ **Personal Email:** _____

Phone Number: _____

Bank Account Details

IBAN: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

BIC: | | | | | | | | | | | | **Bank Name / Branch (Domiciliation):** _____

ATTACH BANK DETAILS (RIB)

Signed at (Location & Date DD/MM/YYYY): _____

Please sign here (New Member Signature):