



# IAKS

International Association  
for Sports and Leisure Facilities

## Membership application form 2024 (Spain)

for individuals

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I wish to apply for membership in the International Association for Sports and Leisure Facilities (IAKS).

Membership address\* (for separate billing address, please attach separate information):

Name:

Phone:

Street:

Email:

ZIP code:

Town:

Country:

I choose the following membership in accordance with the IAKS Rules, Art. 4 No. II, and the IAKS fee structure:

Individual:

150 euro/year

Full-time student (certificate of matriculation must be provided):

free of charge

### Membership IAKS Spain

As a member based in Spain, I will also become a member of IAKS Spain (Grupo Internacional de Trabajo para Instalaciones Deportivas y Recreativas - IAKS España).

Accordingly to the IAKS rules my membership will be extended year by year. Termination is possible at the end of the year and must be declared in writing at least one month from the end of the year.

I have acknowledged the rules and the fee structure (IAKS website, membership area).

Place/date:

Signature:

### Data protection informed consent

By giving my signature, I give my consent to the gathering by the IAKS of the following, partially personal data necessary for the processing of the membership relationship:

Personal data of the contact person: first name; surname; mode of payment; banking account details; start and termination of membership; job position; phone; email; name used in social media; participation at IAKS events.

I give my consent to the publication of my contact data in the Expert Database at [www.iaks.sport](http://www.iaks.sport). I also give my consent to being informed by the IAKS on future events and activities by email newsletter or digital mailings.

I agree to the transfer of my data to national or regional subsidiary organizations of the IAKS („Sections“) for the purpose of informing me about their activities.

This consent can be withdrawn anytime by email message to the IAKS.

Place/date:

Signature: