



Társasági Kuttyások Kynológiai Egyesülete

MEMBERSHIP APPLICATION FORM

Please fill with legible letters. Content will be handled confidential.

The fields marked with * have to be filled out completely. If data is not legible and/or missing, we can't register your membership.

<p>*Name:.....</p> <p>* Date of Birth.....</p> <p>* Place of Birth:.....</p> <p>* Address:.....</p> <p>* Shipping address:.....</p> <p>.....</p> <p>Phone number:.....</p> <p>*E-mail:.....</p> <p>*Kennelname:.....</p> <p>Breeds you are owning:.....</p>	<p><i>I wish to be the member of TKKE.</i></p> <p><i>I accept the rules of the TKKE,</i></p> <p><i>agree with its goals, breeding ethich and rules</i></p> <p><i>and will educate myself accordingly.</i></p> <p>Date: év hó nap</p> <p>.....</p> <p>signature</p>
<p>Date of payment of membership:.....</p> <p>Registration number of payment:.....</p> <p>.....</p> <p>Place, date:.....</p> <p>.....</p>	<p><input type="checkbox"/> APPLICATION ACCEPTED</p> <p><input type="checkbox"/> APPLICATION NOT ACCEPTED</p> <p>.....</p> <p>Signature of the president of TKKE</p>