

MEMBERSHIP APPLICATION

Mr./Mrs/Ms. : Surname :

Initials : First name :

Adress + Nr. :

PC + Residence :

Date of birth :

Tel. number : Handy:

E-mail :

Type of membership : Full membership / Familymembership

If familymembership:

Mr./Mrs/Ms. : Surname :

Initials : First name :

Date of birth :

If breeder:

Kennelname :

.....

(Place + date) (Signature)

Please send this application to:

By post: Secretary HRN,

Anja Goossen, Johan Termeulenstraat 22 5913 RW, Netherlands

Scanned per email: secretaris@hovawartrasverenigingnederland.nl