

EESTI SAKSA
LAMBAKOERTE
ÜHING



ESTONIAN
ASSOCIATION OF
GERMAN SHEPHERDS

ESLÜ MEMBERSHIP APPLICATION FORM

I would like to become a member of Estonian Association of German Shepherds.

Name:

First Name

Surname

MALE

FEMALE

Date of

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Birth:

Day Month Year

Address:

/

Zip code

Phone:

E-mail Address:

Incl. international area code

NB! Please inform ESLÜ instantly of any changes in your contact data

I have a German Shepherd Dog/ Dogs:

YES

NO

Data of the Dog/ Dogs:

Name	Date of Birth	Reg.No

I wish to participate in organizational work of ESLÜ:

YES

NO

I can help to:

As an ESLÜ member, I am obliged to recognise and obey the requirements of the Articles and other regulations of ESLÜ

_____/_____/_____
Date

Signature

Fulfilled by ESLÜ

MEMBERSHIP CARD NUMBER

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_____/_____
Membership fee payment: Exp. Date

Amount

Received by:

_____/_____
Name

Signature