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 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** ☐

_____/_____ ***Recived by:*** _____/_____

Membership fee payment: Exp. Date Amount *Name Signature*