

KÖPEKLE YAŞAM DERNEĞİ

MEMBERSHIP FORM

I read the regulations of the association. I agree with the terms and conditions. I want to become a member and accept to fulfil the membership duties./...../20..

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MEMBER INFORMATION	
T.C. ID NUMBER / PASSPORT NUMBER	
NAME / SURNAME	
FATHER'S NAME	
MOTHER'S NAME	
GENDER	
OCCUPATION	
LAST GRADUATION	
BIRTH PLACE	
BIRTH DATE	
REGISTRATION CITY / COUNTRY	
ADDRESS	
WORK ADDRESS	
E-MAIL	
MOBILE PHONE NUMBER	

*** You may pay the subscription fees with an automatic payment order via your bank. Please do not forget to indicate your name on the receipt.

MEMBERSHIP ACCEPTANCE			
Date of verdict	Verdict no.	Announcement date	SIGNATURE

TERMINATION OF MEMBERSHIP			
Date of verdict	Verdict no.	Announcement Date	Signature

.....Dernek Başkanı