



Membership card number: \_\_\_\_\_

Valid since (date of confirmation by EKV Board) \_\_\_\_\_

**To ESTONIAN KENNEL UNION BOARD**

\_\_\_\_\_  
First name and family name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Postal address and zip code

\_\_\_\_\_  
Phone, E-mail

Hereby I am applying for the membership of Estonian Kennel Union.

I am responsible for notifying Estonian Kennel Union of any changes in my contact information within one month. If failing to do so, EKV is not responsible for any inconvenience the incorrect contact information may cause.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I agree to my contact information being public