



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