

DECLARATION OF ACCESSION

☐ Family member

I hereby declare my membership in the Klub für Österreichische Pinscher as

☐ Full member

		·		
	Applicant			
	(Please fill out legibly in BLOCK LE	ETTERS)		
Name	Surname	Title	Date of birth	
Address	Postal Code	Place		
Country	Phone Number	e- mail		
Country	Thone reamber	C- man		
	Data of the dog			
Name of the dog (acc. to pedigree)		Gender		
Stud book number	Chip Code	Date of birth	Date of birth	
	1			
Kennel/ Breeder	Name of the father	Name of the m	04h 0#	
Kennel/ Breeder	Name of the father	Name of the m	other	
Please check:				
☐ Membership fee without ÖKV- magazine "Unsere Hunde"			EUR 45,00	
☐ Membership fee with ÖKV- magazine "Unsere Hunde" (10 times/ year - Austri			EUR 68,00	
☐ Membership fee with ÖKV- magazine "Unsere Hunde" (10 times/ year - Intern			•	
☐ Membership fee for Family member			EUR 25,00	
•		1 1: 1 .	•	
According to § 6 (2) oft the Statutes of each quarter. The Board of Directors m	•	-		
•	C			
With my signature, I agree that the	-	· · · · · · · · · · · · · · · · · · ·	•	
published for club and association- int	1 1			
have provided exclusively for the prop			•	
information, invitations and the "Pinsc	herpost" (KOP- magazine – excludir	ng affiliated members) by	post and e- mail.	
\square I have read the data protection declar	rration (<u>Datenschutzerklärung</u>)of th	e KÖP and I accept it.		
☐ I hereby confirm my menbership in t	he Klub für Österreichische Pinscher (K	(ÖP) and undertake to acc	cept the club's Statutes	
(Vereinsstatuten) and provisions of the	KÖP, as well as to pay the members	ship fee on time.	•	
Place Date		Applicant		
Place, Date	Signature of A	пррисанс		

Please send the fully completed and signed membership form and proof of payment of the membership fee either by e- mail to office@oe-pinscher-

klub.at or by post to the office of the Klub für Österreichische Pinscher: Mag. Gabriele Effenberger, Pyrath 26, 3053 Brand-Laaben.

