APPLICATION FOR CHODSKÝ PES CLUB (KPCHP) MEMBERSHIP

| First name: Surname: | | |
|---|---|---|
| Address: | | |
| Postcode/ZIP code: | Country: | |
| Name of your kennel: Reg. number of your kennel: | | |
| Your date of birth: Phone number: e-mail address: Your chodský pes dogs: Name | Kennel | Reg. number |
| Chodsky Dog (hereinafter referred publication of my personal data of registered dogs for events etc.). Czech Cynological Associatio | red to as CFCHD) and a on the website and promo I agree with the transfer (CCA) and Czech-Mora 6/679 of the European Pa | e needs of the Club of Friends of at the same time I agree with the otional materials of CFCHD (list of r of necessary personal data to the vian Cynological Union (CMCU) rliament, as amended), which cover ons. |
| Your signature: | | Date: |
| | here cut off | |
| The statutes and rules of procedure of | | |
| Send the completed and signed appli | | |
| following address: - member of KPCHP Committee: Sy Boleslav, Czech Republic or | ylva Jančová, ČSLA 1232, 2 jpg or .pdf) and information | |
| Without sending this application wit KPCHP members (see the club statu | | not be included in the register of |
| 1st calendar year new foreign memb Family member | er | 650,- CZK 100,- CZK |
| 2nd and following years: payment by 31.1. payment from 1.2. | | 550, - CZK 650, - CZK |
| Pay membership fee to KPCHP acco 000000-162705919 / 0300 BIC: CEKOCZPP | | |

IBAN: CZ07 0300 0000 0001 6270 5919 Klub přátel chodského psa v ČR, U Pergamenky 3, 170 00 Praha For payment identification enter your name into notes for the beneficiary.