



Membership Application Form for ZfdP Zuchtverband fuer deutsche Pferde e. V.

I hereby apply for membership at Zuchtverband fuer deutsche Pferde e.V. as an ordinary / extraordinary member.

Surname: _____

First Name: _____

Date of Birth: _____

Street: _____

ZIP Code: _____

Town: _____

County / Country: _____

Phone / Telefax No.: _____

As per § 3, part 5 of the statutes the Board of ZfdP does decide on membership applications. The membership is confirmed by receipt of an invoice charging the membership acceptance fee together with the annual fees.

Town: _____

Date: _____

Signature: _____

With my signature I agree on the rules and the fee regulations of ZfdP.

Please send the completed form to:

Zuchtverband fuer deutsche Pferde e.V.
Am Allerufer 28
D-27283 Verden / Aller