



<http://silken-germany.de>

IG Windsprite Germany



1. Vorstand: Frau Christine Andres, 63073 Offenbach a. Main
Please return completed form to: Christine Andres, Hamburger Str. 80, 63073 Offenbach a.M.

Membership Application

I herewith apply for membership to the IG Windsprite Germany as Full Member

Full Name: Tel.-No.:
Address: Mobile-No.:
ZIP / Town: Birth Date:
Email Address: Homepage:

Family Member

Full Name: Tel.-No.:
Address: Mobile-No.:
ZIP / Town: Birth Date:
Email Address: Homepage:

Signature(s): _____

Are you already a breeder?

☐ Yes

☐ No

Are you currently in possession of a kennel name certificate?

☐ Yes

☐ No

If you already have a kennel name certificate and do not wish to apply for a new one please enclose a copy of the existing certificate with this application form. Would you like to order a new kennel name certificate for 25,00€ + postage?

☐ **I herewith apply for a new kennel name certificate;** the fee for which shall be debited to my account together with the annual membership fee. If you are applying for a new kennel name certificate please complete the form „**kennel name application**“ and post it to the above address with this form.

☐ I agree to the publication of my membership and if applicable the publication of the application of kennel name in the club magazine „**CDK-Kurier**“

☐ I would like to be listed in the breeder list of the IG Windsprite Germany (HP) with the following details:

Tel: eMail: HP:

The breeder listing on our homepage silken-germany.de is free of charge

☐ I do not want to be published on the Homepage silken-germany.de

Details for stud dog entries including photos must be sent by email.

SEPA-Direct Debit Mandate

I authorise the creditor **CDK Ebern e.V.** to collect the annual membership for the year by direct debit. I further instruct my bank to accept future direct debits from the creditor **Club der Kleinhunde Ebern e.V.**

Note: You are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Tape of payment: Recurrent payment

Bank Details:

IBAN:

BIC:

Account holder (Full name and address):

Signature Account Holder: _____

(Place, Date)

Mit der Unterschrift wird ausdrücklich die Kenntnisnahme und Geltung der datenschutzrechtlichen Hinweise für personenbezogene und personenbeziehbare Daten auf der Homepage des Vereins bestätigt und die dort aufgezeigte Verarbeitung der in diesem Formular gemachten Angaben bis auf ausdrücklichen Widerruf eingewilligt.