

**Member date verification for the Stammbaum e.V. DE-0234**



I hereby declare that I am leaving \_\_\_\_\_

Would like to become a member of the Stammbaum e.V. and as: (please check)

Full member

Family member

Supporting member

First given Name\* \_\_\_\_\_ Surname\* \_\_\_\_\_ \*

Date of Birth\* \_\_\_\_\_ \*

Postcode\* \_\_\_\_\_ \* Address\* \_\_\_\_\_ \*

Place\* \_\_\_\_\_ \*

Country\* \_\_\_\_\_ \*

Mobil Phone\* \_\_\_\_\_ \*

E-Mail\* \_\_\_\_\_ \*

Previously member of\* \_\_\_\_\_ \*

Race\* \_\_\_\_\_ \*

Catteryname\* \_\_\_\_\_ \*

Debit Account owner \_\_\_\_\_

IBAN \_\_\_\_\_

BIC \_\_\_\_\_

Required fields are marked with \*.

I assure you that I have truthfully acknowledged and acknowledged all information.



\_\_\_\_\_  
Date / Signature