

ATHA (Akhal Teke Horse Association) membership application form

Hereby I declare,	
Last name	
First name	
Address	
Zip Code	
Place	
Mobile / Phone	
E-mail	
NL83ABNA013687266 Information: I hereby de	€ 50,00 per year and is payable to the following *bank account: IBAN 2, BIC code ABNANL2A, or via PayPal atha.europe@gmail.com . clare (if applicable) that I am the owner of the following Akhal-Teke horse(s):
********	***************************************
Year of Birth	
Privacy: I hereby agree that makhal-teke related or other ho	ny collected data is treated on behalf of the association and that this info might be forwarded to orse related organizations.
Date:	Signature:

Date: