



AKHAL-TEKE HORSE ASSOCIATION asbl¹
MEMBERSHIP APPLICATION FORM

Hereby, I:

Last name: _____
First name: _____
Address: _____
Phone: _____
Mobile: _____
Fax: _____
E-mail: _____

would like to apply for membership of the AKHAL-TEKE HORSE ASSOCIATION asbl
as an active member.

The fee is fixed at: 50 €

The fee is payable at the following bank account: **ING IBAN LU70 0141 0584 2900 0000, code BIC
CELLULL in Luxembourg or via paypal: atha.europe@gmail.com.**

Information

I hereby declare (if applicable) that I am the owner of the following Akhal-Teke² horses :

Name: _____
Year of birth: _____

Name: _____
Year of birth: _____

Name: _____
Year of birth: _____

Privacy: I hereby agree that my collected data is treated on behalf of the association and that this info might be forwarded to akhal-teke related
or other horse related organizations.

Signature:

Date:

² If applicable please send a copy of the horse passport

¹ For more information, please contact the association: president Clara de Vos van Steenwijk Phone: +31 522 441
263, e-mail: akhalteke.argamak@gmail.com or secretary Marian Weltevreden +31 619 675 897
marianweltevreden@hotmail.com