

MEMBERSHIP APPLICATION FORM

PERSONAL DATA INFO

ID Number		Date of birth		
<input type="text"/>		<input type="text"/>		
Name		Last Name		
<input type="text"/>		<input type="text"/>		
Address		Number	Appartment	Door
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip code	Town / city	Province		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone number	Cell phone number	E-mail		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

CONTACT INFO (Father, Mother or legal counselor for children under 14 years)

Name		Last Name		
<input type="text"/>		<input type="text"/>		
ID Number	Member n°	Cell phone number	E-mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

MEMBER TYPE

Adult Junior If you are a professional (Veterinary/Breeder/Ethologist, etc.) please note it here

If member of other dog related entitys please detail

To be filled in by ADIGAC

PAYMENT ITEMS AND BANK DETAILS

Initial payment and future renewal

Please issue wire transfer to the benefit of ADIGAC at the following bank account

BIC/SWIFT	IBAN
CDENESBBXXX	ES11 3025 0031 1114 0000 6445

Bank: **Caixa de Crèdit dels Enginyers** Address: **Havana, 22 · Vilanova i La Geltrú 08800 · Barcelona, Spain**

Yearly renewal membership to be received within 1 to 31 of January

I accept the terms and conditions published on www.adigac.com

The applicant, father, mother or legal counselor,
Signature

In

on

to

the 20