

Bavarian Springbok Club

Application Form

Please complete form for all family members

<u>Family Name</u>	<u>First Name</u>	<u>Date of birth</u>	<u>Profession</u>
	1		
	2		
	3		
	4		
	5		
	6		

Home Address:

Address:

Postcode:

Town:

Country:

Communication:

Home Phone:

Mobile Phone:

Work Phone:

Home Fax:

E-Mail:

Important please state

Newsletter per E-Mail per Fax per Mail

I am prepared to help with:

Organizational activities

Hosting a venue

Secretarial work

Food

Wine

Other: _____

Transfer made to Bavarian Springbok Club,
HypoVereinsbank, **IBAN DE29700202700015109891**

Cheque with **25.- €** will be posted

I agree to the privacy policy found on www.bavarianspringboks.de

PLEASE RETURN TO:

G. Gundelfinger (Chairlady)

Fax: 089/4393717

Email: g.gundelfinger@bavarianspringboks.de

Brünsteinstr. 13

85540 Haar