



To
Oldenburger Pferdezuchtverband e.V.
Grafenhorststr. 5
49377 Vechta, Germany

Membership application

OL Verband der Züchter des Oldenburger Pferdes e.V. OS Springferdezuchtverband Oldenburg-International e.V.

Mrs. Mr., Surname, First Name or Name of the Company/Farm/Breeding Community

Street, Address

City, Postal Code

Country

Phone

Mobile Phone

Date of Birth (if an individual member)

Email

Please indicate in which language you wish to receive documents: English German

Only to completed by Company/Farm/Breeding Community

Name of the executive director

Date of Birth

Signature

Name of more participants

Date of Birth

Signature

Please list the breeding horses (Mares/Stallions) that you wish to be activated under your name (if available)

Name of the Mare(s)/Stallion(s)	Registration Number(s)

- Please enclosed the original equine passports which are already registered in Oldenburg -

Association membership already exists at the following breed association OL OS _____
Number of Membership

We accept the conditions of the membership and payment terms of the Oldenburg Horse Breeder’s Society.

I acknowledge that the Verband processes and passes on data concerning breeding animals if required to do so in the scope of breeding work, fulfilment of statutory duties and in the cooperation of breeding activities with other breeding organizations or to fulfill the tasks of participating organizations (e.g. vit, FN). My address will be published in printed media (catalogues, magazine) and on the Internet. Processing and passing on of my data does not end after termination of my membership with the Verband.

City, Date

Signature