



Savez felinoloških društava Hrvatske

VINOGRADSKA 2a | ZAGREB 10000

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REQUEST FOR MEMBERSHIP IN FELINOLOGICAL ORGANIZATION

Information about member

NAME: _____ SURNAME: _____

DATE OF BIRTH: _____ OIB: _____

ADDRESS: _____

CITY: _____ POST NUMBER: _____

PHONE No: _____ MOBILE PHONE : _____

E-MAIL: _____

WEB PAGE: _____

BREED OF CAT: _____

Membership in some other FIFe organization

I AM MEMBER OF OTHER
FELINOLOGICAL ORGANIZATION: YES NO I WAS

NAME OF ASSOCIATION: _____

FELINOLOGICAL ORGANIZATION I WANT TO JOIN

FELINOLOGICAL ORGANIZATION SPLIT
VRZOV DOLAC 18,. SPLIT 21000
T +385 (0)21 48 22 55 | **M** +385 (0)98 17 24 752
ackittens@yahoo.it
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FELINOLOGICAL ORGANIZATION ZAGREB
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Signature of applicant

*Date and
place*

