

# MEMBERSHIP FORM

YEAR 2019

## Contact information

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Title : .....  
Surname : .....  
Name : .....  
Address : .....  
.....  
.....  
Postal Code: .....  
Town : .....  
Country : .....  
Telephone : .....  
E-mail : .....



## Breeding

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Cattery name : .....  
Breed(s) : .....  
Website adress : .....

I agree that the contact information of my cattery appear on the club's website.

I ask to be admitted to the Cat Club Alsace Franche-Comté (CCAFC) in adherent membership for the current year.

The fee of 30€ must be paid by bank transfer :

CAT CLUB ALSACE FRANCHE-COMTE

CCM VAUBAN

IBAN : FR76 1027 8032 4000 0206 5590 133

BIC : CMCIFR2A

Return this form to :  
Cat Club Alsace Franche-Comté  
3 rue de Normandie  
68600 Obersaasheim

Date :

Signature :

or by e-mail : [secretariat@ccaafc.fr](mailto:secretariat@ccaafc.fr)