

Application for a membership in Silverstråken.

Herewith I apply for a membership in Silverstråken .I also give my permission to put all my personal particulars into the society member register.

The following child applies:

First name _____

Surname _____

Date of birth _____

Address _____

School/Nursery school

Name of the parent:

First name _____

Surname _____

Address _____

Telephone home _____ Mobile _____

e-post _____

Place, date: _____ Signature: _____

Clarification of signature

Take notice: *Membership is obtained on payment of membership fee -
Inpayment form for membership fee is due.*