



Application Form

I apply for IAPK membership.

* COMPANY – * PERSON

I AM A MEMBER OF A CLUB:

NAME TITLE

SURNAME.....

RESIDENCY ADDRESS

.....

MAILING ADDRESS

.....

E-MAIL TELEPHONE

I CONFIRM THAT I WILL COMPLY WITH THE IAPK STATUTES AND LAWS OF CZECH REPUBLIC. I AGREE THAT THE ABOVE PERSONAL DETAILS ARE USED FOR IAPK & KPPPK NEEDS.

IN DATE

SIGNATURE

** delete as appropriate*

Application received

Membership approved

Membership card sent