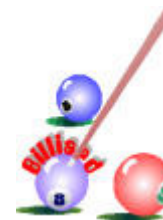


# ***x-købing Billardklub***



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<b>Medlemsnr</b>	<input type="text"/>
<b>Personnr</b>	<input type="text"/>
<b>Efternavn</b>	<input type="text"/>
<b>Fornavn</b>	<input type="text"/>
<b>Adresse</b>	<input type="text"/>
<b>Postnr</b>	<input type="text"/>
<b>By</b>	<input type="text"/>
<b>Telefon</b>	<input type="text"/>
<b>Fax</b>	<input type="text"/>
<b>e-mail</b>	<input type="text"/>

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# *x-købing Billardklub*



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