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PARTNER - APPLICATION FORM [FILL IN CAPS LOCK]

To file by the Association

Number:

Admission date - -
YEAR MONTH DAY

The Presidente

Photo

PERSONAL DATA

Name:
Full name

Date of birth: - -
YEAR MONTH DAY

B.I./C.C./Passport: NIF:

Nacionality: Job:

Work address:

CONTACTS

Address:

Door: Floor
Lote (LT) (BL)

Place:

Postal code: - Locality:

Ph. number 1: Ph. number 2:

Email:

QUOTA - Minimum 2.00€/month*

Value: € Payment method: Monthly Quarterly
 Semi-annual Yearly

Way of payment: Transfer/Deposit MBWAY 967509013 IBAN: PT50 0036 0088991000 1933 568

Bank account holder:

AFFILIATION [under 18 years old]

Father:
Full name

B.I./C.C./Passport:

Mother:
Full name

B.I./C.C./Passport:

Signature: _____