

apia

associação de protecção
à infância da ajuda

MEMBERSHIP FORM





associação de protecção
à infância da ajuda

MEMBERSHIP ENROLLMENT FORM

MEMBER IDENTIFICATION

NAME _____

ID NUMBER _____ FISCAL NUMBER _____ BIRTH DATE ____/____/____

OCCUPATION _____ ACADEMIC DEGREE _____

CONTACTS

ADDRESS _____

POSTAL CODE _____ - _____ LOCATION _____

TEL. No. _____ MOBILE No. _____ E-MAIL _____

QUOTA PAYMENT

MONTHLY WITH THE VALUE OF _____ € JEWEL WITH THE VALUE OF _____ € DATE ____/____/____

THE PROPOSED _____ THE SECRETARY _____

PROPOSED BY _____ THE PRESIDENT _____

APPROVED IN DIRECTION BOARD METING ____/____/____ WITH MEMBER NUMBER _____