



Registration Form

Personal Information of the Member:

Full name: _____

Marital Status: _____

Nationality: _____

Occupation: _____

ID Document: _____ Number: _____

Address: _____

Phone: _____ Email: _____

VAT: _____

Membership type & annual fee: Student: €15 Regular member: €25



By signing this document, I declare that I am fully aware of the association's bylaws as well as the rights and duties imposed on its members.

Finally, I commit to honoring all financial obligations to this association in a timely manner.

_____, ____ of _____ of _____

(Location and date)

(Signature of the Member)