

PROPOSAL FOR MEMBERSHIP

* OBLIGATORY COMPLETION	ATNatureza
*IDENTIFICATION - NAME	
*DATE OF BIRTH	
*MOBILE PHONE	
*E-MAIL	
*ADDRESS	
*LOCALITY	*POSTAL CODE - -
*COUNTRY	DISTRICT
*NATIONALITY	
*IDENTIFICATION DOCUMENT	
Payment of Annual Membership Fees of 25 euros per:	
CASH CHEQUE	BANK TRANSFER
	<u> </u>
BANK ACCOUNT	ATNatureza
Name: TRANSUMÂNCIA E NATUREZA – ASSOCIAÇÃO	ATNatureza
	ATNatureza
Name: TRANSUMÂNCIA E NATUREZA – ASSOCIAÇÃO	ATNatureza
Name: TRANSUMÂNCIA E NATUREZA – ASSOCIAÇÃO Bank Entity: CAIXA GERAL DE DEPÓSITOS	ATNatureza
Name: TRANSUMÂNCIA E NATUREZA – ASSOCIAÇÃO Bank Entity: CAIXA GERAL DE DEPÓSITOS BIC: 003503180001454513072	ATNatureza
Name: TRANSUMÂNCIA E NATUREZA – ASSOCIAÇÃO Bank Entity: CAIXA GERAL DE DEPÓSITOS BIC: 003503180001454513072 IBAN: PT50003503180001454513072	ATNatureza
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Name: TRANSUMÂNCIA E NATUREZA – ASSOCIAÇÃO Bank Entity: CAIXA GERAL DE DEPÓSITOS BIC: 003503180001454513072 IBAN: PT50003503180001454513072 BIC SWIFT: CGDIPTPL BIC/IBAN source of payment: I agree to my personal data being processed and to be sent notices of information relevant to my membership in accordance with the Euro Regulation (GDPR). I declare, under oath, that the information I have filled in this Proposition in the proposition of	of meetings, newsletters and other opean Union (EU) General Data Protection sal is true and that I commit myself to the full payment of
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