

## **PROPOSAL FOR MEMBERSHIP**

* OBLIGATORY COMPLETION			
		AT	latureza
* IDENTIFICATION - NAME			
* DATE OF BIRTH			
* MOBILE	PHONE		
* E-MAIL			
* ADDRESS			
* LOCALITY		* POSTAL CODE	-
* COUNTRY		DISTRICT	
* NATIONALITY			
* IDENTIFICATION DOCUMENT		* TAX Nº	
Payment of Annual Membership Fees of 25	5 euros per:		
CASH		BANK TRANSFER	
BANK ACCOUNT - ATNatureza			
Name: TRANSUMÂNCIA E NATUREZA – ASS	<b>SOCIAÇÃO</b>		
Bank Entity: NOVO BANCO			
BIC: 0007 0000 0016 5433 1132 3			
IBAN: PT50 0007 0000 0016 5433 1132 3			
BIC SWIFT: BESCPTPL			
BIC/IBAN source of payment:			
I agree to my personal data being processed and to be sent notices of meetings, newsletters and other information relevant to my membership in accordance with the European Union (EU) General Data Protection Accept Regulation (GDPR).			
I declare, under oath, that the information I have filled the subscriptions, concerning my quality of member o			o the full payment of
DATE AND SIGNATURE OF THE CANDIDATE			RATIVE AREA
te Approved at the Board meeting on			
Signature		Signature	

This form must be duly completed and signed. It can be sent by e-mail to <u>geral@faiabrava.pt</u> and/or by post to the following address: ATN/Reserva da Faia Brava | Avenida 25 de Abril, 92 | 6440 - 111 Figueira de Castelo Rodrigo | Guarda