



MEMBERSHIP FORM

Membership number _____ (to be filled by AAPEUA)

Name: _____

Date of birth: _____

Address: _____

Postalcode: _____

City: _____

Mobile phone number: _____

Email: _____

Personal tax number: _____

Academic qualifications: _____

Company/Employer: _____

Payment method: _____ Bank check _____ Bank transfer

If you are joining as a representative of a company or institution, please specify:

Company/Business name: _____

Billing address: _____

Postalcode: _____

Company tax number: _____

Work telephone number: _____

DATE _____ SIGANTURE _____

TERMS: Joining fee (exempt) / Annual membership fee: 60€

BANK TRANSFER: to NIB: 0035 0257 0001 4052 7300 4(CGD) Note: If you pay by bank transfer, the preferred method, please remember to include your personal details with the transfer instructions.

CHEQUE: Please make out to Associação de Amizade Portugal/EUA and mail to:
Rua São João de Brito, no 605-3o- 4100-455 Porto

Enquiries to 917 992 003 or 226 197 940 or by email to: aapeua2014@gmail.com