



Member Registration Form

Registration Date: ___/___/_____

Full Name: _____

BI/ CC or Passport No _____ Date of Birth: ___/___/_____

Home Address: _____

_____ Postal Code: ____- ____ _____

Occupation: _____ E-mail: _____

Mobile number: _____

Occupation: _____

For Billing Purposes:

Full Name: _____

Tax address: _____

_____ Postal Code: ____- ____ _____

Tax Identification Number (NIF): _____

I declare that I have read and accepted the conditions of Projecto Novas Descobertas members:

Ass: _____

Membership fees: Subscription fee: 5 Euros | Annual Fee: 15 Euros

For payment transfer to:

Bank - IBAN Caixa Crédito Agrícola: PT50 0045 7194 40152135171 36

BIC/SWIFT: CCCMPTPL

Note: Membership fees must be paid until January 31 of each year.

* Send scan of registration form and proof of payment to:
associados@projectonovasdescobertas.org

Or the originals to the address:

Quinta do Vale da Lama caixa postal nº 322 - 8600-258 Odiáxere Lagos.