

Non-Profit Organization Oceanum Liberandum

Member form

Name:

Birth date: / /

Address:

Postal code: -

City:

Identification number:

E-mail:

Fee values:

- | | |
|---|---------------|
| <input type="checkbox"/> Under 18 years old | 6€/year + 3€ |
| <input type="checkbox"/> Adult | 12€/year + 3€ |
| <input type="checkbox"/> Corporation membership | 24€/year + 3€ |

Note: The 3 € is only charged in the first year subscription cost.

Payment

- Bank transfer to IBAN PT50-0033-0000-45654106816-05 (send a proof of transfer to our email with the form filled)
- In cash with a member of the Board of Directors

Date: / /

Signature:

To be filled by a Director

Member number:

Date: ____ / ____ / ____

Signature: _____