



# ASSOCIATE'S PROPOSAL

(Please e-mail your proposal to [aproged@aproged.pt](mailto:aproged@aproged.pt))

## PERSONAL DATA

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality \_\_\_\_\_

Identity card number \_\_\_\_\_ Tax Identification Number \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail address \_\_\_\_\_

## PROFESSIONAL DATA

School/Faculty \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Professional Category \_\_\_\_\_

Education \_\_\_\_\_

New Associate Registration Fee = 5,00 €

Annual Fee

17.50 €/Semester x \_\_\_\_ (number of semesters) of the year 20\_\_\_\_ = \_\_\_\_\_ €

Total amount paid = \_\_\_\_\_ € through bank transfer with the following data:

IBAN PT50 0035 0310 00029344730 38

BIC SWIFT CGDIPTPL

Please attach the bank transfer information to this proposal.

You registration as Aproged's new Associate will be considered complete after our response by e-mail and given the payment confirmation.

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Signature (optional) \_\_\_\_\_

Approved by the Board of Directors in \_\_\_\_/\_\_\_\_/\_\_\_\_

ASSOCIATE NUMBER \_\_\_\_\_