



APPLICATION FOR MEMBERSHIP

Applicant

ID of Ágora:

Last name:	First name:
NIF o N° passport:	Birthdate (2):

Address

Street:	number:	apt:
City:	ZIP:	
State/Province:	Country:	

Electronic addresses

Email address:
Web site:

Bank account info (for membership dues) (1)

Bank name:	Bank account number:
BIC / SWIFT:	IBAN:

Statistic data

Collecting, interests:

I hereby acknowledge that I have read and understood the bylaws of the association and that I meet all the requirements for membership in AFINET. I will pay a yearly membership fee of 15 € after this application is accepted.(3)

City:

Date:

Signature

(1) Applicants who do not have a bank account in Spain should contact the treasurer (tesoreria@afinet.org) to arrange for payment options.

(2) If the applicant is under 18 years of age, this application will require approval of a parent / tutor.

(3) **The yearly fee paid during this year will include until the 31 of December.**

Print and complete this application and mail it to: AFINET, Apartado nº 112 – 20120 HERNANI (Guipúzcoa) - España.

(All this information will be used according to the regulations of the Agencia de Protección de Datos (Data Protection Agency).