



MEMBERSHIP APPLICATION to the Executive Council

To be sent with the payment attestation to the Secretariat

This is to hold the membership to the *CAO DE AGUA Club* as (check the choice):

_____ **SYMPATHIZER** (who doesn't own any PWD) – annual fee Euro 35,00

_____ **ORDINARY** (who owns a PWD) – annual fee Euro 35,00

_____ **SUPPORTER** – annual fee from Euro 100,00

Name and Family Name: _____

birth date: _____ birth place: _____

Taxpayer number: _____

house address: _____

City and State: _____

house phone number: _____ office phone number: _____

mobile fone number : _____ e-mail : _____

Fax number: _____ http://www. _____

My PWD's name is: _____

pedigree's identification number: _____

I undertake to observe the provisions of the Cao de Agua Club bylaws.

I give you the permission to deal with my personal data for the Club activities: YES NOT

Date _____ **Signature** _____

I agree to receive by e-mail any communication from the CAO DE AGUA Club: YES NOT

NOMINATOR MEMBERS:

Name: _____ card # _____

Name: _____ card # _____

Name: _____ card # _____