



ASOCIACIÓN **SOS LA PALMA**

## MEMBER REGISTRATION

Date: \_\_\_\_\_ New:  Amendment:  Closure:

Name: _____	
NIF: _____	Address: _____
Area Code: _____	City: _____ Province: _____
Country: _____	e-mail: _____

AMOUNT		FREQUENCY	
5 Euros <input type="checkbox"/>	50 Euros <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
10 Euros <input type="checkbox"/>	100 Euros <input type="checkbox"/>	Weekly <input type="checkbox"/>	Anually <input type="checkbox"/>
20 Euros <input type="checkbox"/>	200 Euros <input type="checkbox"/>	One-off <input type="checkbox"/>	
.....Euros <input type="checkbox"/>			

Account holder: Asociación Solidaridad SOS La Palma IBAN: ES16 0182 3441 2702 0160 6795 BIC/SWIFT: BBVAESMMXXX
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DIRECT DEBIT			
If you want to make your contribution by direct debit, please complete the following details:			
Account holder: _____		Bank: _____	
Bank address: _____		Nº: _____	
Area code: _____	City: _____	Province: _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Entidad	C. Oficina	D.C.	Nº de Cuenta

Please send the formular to: Asociación Solidaridad SOS La Palma Annette Ibarra C/San Antonio 264 A ado. 15 38712 Breña Baja E-Mail: <a href="mailto:annette@lapalma.dk">annette@lapalma.dk</a>	Signature: _____
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Asociación Solidaridad SOS La Palma agrees not to use the data for purposes other than those strictly necessary for the execution of their tasks.