

Approved by the board on:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the president of  
ANSA's board of directors

\_\_\_\_\_

**BE OUR MEMBER  
CONTRIBUTE TO THE MADEIRA CLASSICAL ORCHESTRA  
REGISTRATION FORM**

INDICATE THE TYPE OF CATEGORY  
YOU ARE LOOKING FOR

ADULT

FAMILY

SENIOR

YOUNG

CHILD

Candidate's photograph

**IDENTIFICATION OF THE PROSPECTIVE CONTRIBUTING MEMBER(S)**

**1<sup>ST</sup> APPLICANT**

Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ID Card/Passport Nº \_\_\_\_\_

Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birthplace \_\_\_\_\_

Nationality \_\_\_\_\_

Address \_\_\_\_\_

Postal

Code/Location \_\_\_\_\_

VAT Number \_\_\_\_\_

Phone (rede fixa) \_\_\_\_\_

Mobile phone \_\_\_\_\_

Academic Qualifications \_\_\_\_\_

Professional Status \_\_\_\_\_

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

Registration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

(Signature of 1<sup>st</sup> candidate)

Member Nº. (to be filled in by the ANSA's Office after confirmation from ANSA's Management): \_\_\_\_\_

**PLEASE SUBMIT YOUR REGISTRATION FORM AND COPY OF YOUR ID CARD OR PASSPORT BY EMAIL:  
geral.ansa@gmail.com**

**METHOD OF PAYMENT:**

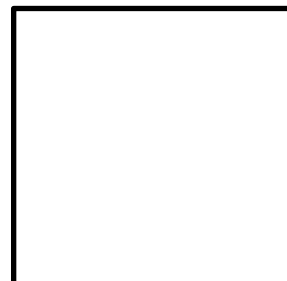
a) Administrative services of ANSA, Travessa das Capuchinhas, no. 4 - 1st floor; OR

b) By bank transfer to **PT50 0010 0000 49627740001 35** (Banco BPI), with the name or member number on the description and send the document proving the transfer made to the e-mail: **geral.ansa@gmail.com**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the president of  
ANSA's board of directors

\_\_\_\_\_



**2<sup>nd</sup> APPLICANT (Adult)**

Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ID Card/Passport N<sup>o</sup> \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birthplace \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

Postal Code/Location \_\_\_\_\_ VAT Number \_\_\_\_\_

Phone (rede fixa) \_\_\_\_\_ Mobile phone \_\_\_\_\_

Academic Qualifications \_\_\_\_\_ Professional Status \_\_\_\_\_

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

Registration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature

\_\_\_\_\_

(Signature of 2<sup>nd</sup> candidate)

Member N<sup>o</sup>. (to be filled in by the ANSA's Office after confirmation from ANSA's Management): \_\_\_\_\_

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NOTE: If you want the "Family" typology, you must fill in as requested and send a copy of the citizen card or passport of each member of the family.

**IDENTIFICATION OF THE DEPENDENT(S) CHILD(REN) UP TO 25 YEARS OLD/STUDENT**

**1<sup>ST</sup> DEPENDENT**

Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ID Card/Passport N<sup>o</sup> \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birthplace \_\_\_\_\_ Nationality \_\_\_\_\_

Educational Establishment \_\_\_\_\_

Level/Course \_\_\_\_\_

**2<sup>nd</sup> DEPENDENT**

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ID Card/Passport Nº \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Birthplace \_\_\_\_\_ Nationality \_\_\_\_\_  
Educational Establishment \_\_\_\_\_  
Level/Course \_\_\_\_\_

**3<sup>rd</sup> DEPENDENT**

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ID Card/Passport Nº \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Birthplace \_\_\_\_\_ Nationality \_\_\_\_\_  
Educational Establishment \_\_\_\_\_  
Level/Course \_\_\_\_\_

**4<sup>th</sup> DEPENDENT**

Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ID Card/Passport Nº \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Birthplace \_\_\_\_\_ Nationality \_\_\_\_\_  
Educational Establishment \_\_\_\_\_  
Level/Course \_\_\_\_\_