



International Group

Member / Business Associate

Registration Form

Avenida de Portugal, 616 A Estoril 2765 - 272
 newlifeportugal.mail@gmail.com 967 208 776 / 962 645 467

Social Member / Associate number:

Full Name	
Date of Birth	
Nationality	
Address	
Civil Status	Married <input type="checkbox"/> Spouse's Name: _____ Single <input type="checkbox"/> Widow <input type="checkbox"/> Other <input type="checkbox"/>
Children	Y / N Ages 0-5 <input type="checkbox"/> 5-12 <input type="checkbox"/> 13 -18 <input type="checkbox"/> 18+ <input type="checkbox"/>
Contacts	Mobile: _____ Phone: _____ Website: _____
Profession	
Company Name	
NIF	

Interests I am interested in organizing a business event, workshop or activity

- | | | | |
|--|--|--|--|
| Health & Wellness <input type="checkbox"/> | Food & Wine <input type="checkbox"/> | Music & Entertainment <input type="checkbox"/> | Internet & Technology <input type="checkbox"/> |
| Business & Networking <input type="checkbox"/> | Language & Culture <input type="checkbox"/> | Fitness & Sports <input type="checkbox"/> | Film & Photography <input type="checkbox"/> |
| Travel & Tourism <input type="checkbox"/> | Religion & Politics <input type="checkbox"/> | Art & History <input type="checkbox"/> | Other (specify) <input type="checkbox"/> |

Payment Method:

Cash Check Multibanco Bank Transfer

Account Holders Name: _____

Yearly Membership
Business Associate: €65.00
Social Member : €50.00

Signature: _____

Date: _____