



Madrugada Membership Application Form

Full Name	
Date of Birth	
Nationality	
E-mail	
Telephone N°	
Fiscal (NIF) N°	
Preferred language	

Joint Membership *(additional member)*

Title	
Last Name	
First Name	
Date of Birth	
Nationality	
E-mail	
Fiscal (NIF) N°	

Mailing Address

Line 1	
Line 2	
City	
Postcode	
Country	
Tel N°	

How did you hear about us?	<input type="checkbox"/> Friend/Colleague <input type="checkbox"/> Madrugada Charity Shop <input type="checkbox"/> Internet / Facebook <input type="checkbox"/> Newspaper/Magazine <i>(please specify)</i> _____ <input type="checkbox"/> Introduced by a Member <i>(please give name)</i> _____ <input type="checkbox"/> Other <i>(please specify)</i> _____	
Please submit payment with Application Form	<input type="checkbox"/> Cheque by post <i>(Please do not post cash)</i> <input type="checkbox"/> Cash in person <input type="checkbox"/> Bank Transfer IBAN: PT 500045 7194 40230973026 19 <input type="checkbox"/> Pay Pal	
Single Membership	€30	<input type="checkbox"/>
Joint Membership	€50	<input type="checkbox"/>

HELP US TO HELP YOU I would like to help further:	
Help in one of the Madrugada Charity Shops	<input type="checkbox"/>
Be part of the Fundraising Team	<input type="checkbox"/>
Join our Clinical Team <i>(please attach CV)</i>	<input type="checkbox"/>

I accept the Articles of the Association and agree to the Terms & Conditions of Membership

Signed _____ Date _____

Mailing Address: Madrugada Support Centre
Rua Direita 44 Fr -A, Praia da Luz
8600-160 Luz/Lagos
Algarve, Portugal