

Membership Form / Institutional membership Form

Personal data: / Data of the institution
Name / Organization
DNI / NIF
Postal Address
Zip / Postal Code
City / Town / Country
Phone
Fax
e-mail

Banking data (to mark the amount that come)
Annual quota <input type="checkbox"/> 36,06 € <input type="checkbox"/> 45,08 € <input type="checkbox"/> 60,1 €
Annual quota of institutional membership: <input type="checkbox"/> 120,2 €
Modalities of payment (to indicate the payment modality that is desired)
<input type="checkbox"/> Nominative check to favor of Archivists without Borders
<input type="checkbox"/> Enter the account number 2100-3000-11-2201666476 of AsF
<input type="checkbox"/> Banking management:
Name
Bank
Office
Control
Control number
Bank postal address
Postal code
City / town / country