**PROPOSTA DE ADESÃO**

Foto

Agradecemos o preenchimento de TODOS os campos deste impresso com letra legível.

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| **\*** | **Campos de preenchimento obrigatório** |

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| **I . IDENTIFICAÇÃO** | | | | | | | | | | | | | | | | | | |
| \*NOME NO CARTÃO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*NOME COMPLETO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*DATA NASCIMENTO |  |  |  |  |  |  |  |  |  |  |  |  | \*SEXO: | Masculino |  |  | Feminino |  |  |  |  |

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| \*TELEMÓVEL |  |  |  |  |  |  |  |  |  |  |  | TELEFONE |  |  |  |  |  |  |  |  |  |

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| \*CORREIO ELECTRÓNICO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*MORADA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*LOCALIDADE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*PROVÍNCIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **\*DOCUMENTO IDENTIFICAÇÃO (BI)** |  |  |  |  |  |  |  |  |  |  |  |  | **\*NIF:** |  |  |  |  |  |  |  |  |  |

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| **II . PREENCHIMENTO OBRIGATÓRIO CASO SEJA MENOR DE IDADE** |

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| \*DATA NASCIMENTO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*TELEMÓVEL |  |  |  |  |  |  |  |  |  |  |  | TELEFONE |  |  |  |  |  |  |  |  |  |

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| **IDENTIFICAÇÃO DO RESPONSÁVEL** |

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| **\*DOCUMENTO IDENTIFICAÇÃO (BI)** |  |  |  |  |  |  |  |  |  |  |  |  | **\*NIF:** |  |  |  |  |  |  |  |  |  |

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| **III . INFORMAÇÕES ACERCA DO ADERENTE** |

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| \*ESTUDANTE SIM |NÃO |  |  |

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| \*NOME DA INSTITUIÇÃO DE ENSINO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| \*HABILITAÇÕES LITERARIAS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*TELEMÓVEL |  |  |  |  |  |  |  |  |  |  |  | TELEFONE |  |  |  |  |  |  |  |  |  |

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| \*AREA DE FORMAÇÃO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **IV . PESSOA COLECTIVA** |

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| \*DENOMINAÇÃO SOCIAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*CORREIO ELECTRÓNICO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*MORADA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*LOCALIDADE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \*DISTRITO |  |  |  |  |  |  |  |  |

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| \*PROVÍNCIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \*PAIS |  |  |  |  |  |  |  |  |  |  |

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| \*WEB SITE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | \*SECTOR DE ACTIVIDADE |  |  |  |  |  |  |  |  |

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| \*DATA CONSTITUIÇÃO |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |
| \*NÚMERO DE REGISTO MATRICIAL | | | | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **IDENTIFICAÇÃO DO RESPONSÁVEL DA EMPRESA** |

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| \*NOME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*FUNÇÃO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*CAE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*DESTINO DA COMUNICAÇÃO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **RECIBOS DAS QUOTIZAÇÕES EMITIDOS EM NOME** |

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| \*NOME INDIVIDUAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*NOME COLETIVO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **V . CATEGORIA DE SÓCIO, JÓIA E QUOTA** |

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| **A . CATEGÓRIA DE SÓCIO** |

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| \*MEMBROS FUNDADORES |  |  |

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| \*MEMBROS EFECTIVOS |  |  |

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| \*MEMBROS HONORÁRIOS |  |  |

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| \*MEMBROS BENEMÉRITOS |  |  |

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| \*MEMBROS DE MÉRITO |  |  |

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| **B . JOIA** |

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| \*MONTANTE DA JÓIA |  |  |  |  |  | **1** | **0** | **0** | **0** | **0** |

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| \*CONTA BANCÁRIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| \*IBAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **C . QUOTA** |

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| \*MONTANTE DA QUOTA ANUAL |  |  |  |  |  | **3** | **0** | **0** | **0** | **0** |

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| **MODALIDADE DE PAGAMENTO** |

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| \*TRANSFERENCIA BANCARIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**AUTORIZAÇÕES:**

Autorizo a transmissão dos dados pessoais a parceiros da Associação PDPT\*

Concordo com as condições de adesão da Associação PDPT\*

Li e aceito a política de privacidade e proteção de dados pessoais da Assocciação PDPT. \*

Autorizo a utilização dos dados recolhidos para ser contactado no âmbito deste assunto.\*

DOCUMENTAÇÃO NECESSÁRIA

• Proposta de Sócio devidamente preenchida;

• Pagamento da primeira quota;

• Fotografia em formato digital;

• Fotocópia do Bilhete de Identidade do Aderente;

• Caso seja menor: Fotocópia do(s) Bilhete(s) de Identidade(s) do Pai e da Mãe e do representante legal;

• Se for pessoa colectiva a certidão de registo commercial actualizada (com menos de 6 meses à data do pedido de adesão)