

Associate Form

To become an associate of APDMF, send this form through the post office ⁽¹⁾

I desire to become an associate

Jewel (5€ only once) + Yearly share * \$ (Minimum yearly share - 25€)

Full Name / Company / Institution *

Address *

Zip Code *

City *

Telephone*

Cell Phone

E-mail

Select and fill one of these fields*:

Bank Check

Hereby send bank check number _____ of the Bank _____, in the sum of _____ to the order of "Associação Portuguesa para o Direito dos Menores e da Família"

Bank Transfer

To credit the account of APDMF with **IBAN PT50 0035 0100 00004667930 84 (BIC SWIFT: CGDIPTPL)**
(Please attach payment proof to this form)

MBWay 962 133 067

Pay Pal - [PayPal.Me/apdmf](https://www.paypal.com/pt/merchhost/apdmf)

Date *

Signature *

(1) Print and send to "APDMF - Associação Portuguesa para o Direito dos Menores e da Família, Rua Costa do Castelo, nº 5, R/c, 1100 - 176 Lisboa, Portugal" / email: sede@crescenser.org Tel. +351 218 800 610

* Mandatory field