



SUBSCRIPTION FORM OF THE ASSOCIATE

Name: _____,
with the identification document number _____, valid
until _____, with the NIF _____, with
residency in _____, and with
email _____, through which you will begin receiving
all the related correspondence related to the BAOBA association and proposing to pay a
fee in the following condition:

Option A

Trimestral transfer in the value of 5€

Option B

Annual transfer in the value of 20€

Banco Millennium BCP

IBAN: PT50 0033 0000 45690688135 05

NIB: 0033 0000 45690688135 05

Signature: _____

THANK YOU!

BAOBÁ believes in change, and now we know that you do too!