



Associació per la Llengua Anglesa de Catalunya / English Language Association of Catalunya

APPLICATION FOR MEMBERSHIP

YOUR DETAILS (PLEASE PRINT)

FIRST NAME(S) _____

SURNAME(S) _____

ADDRESS: _____

POSTAL CODE: _____

CONTACT NUMBER: _____

DATE OF BIRTH (DD/MM/YYYY): _____

CITIZENSHIP: _____

DNI OR PASSPORT NUMBER: _____

EMAIL ADDRESS: _____

PLEASE TICK THIS BOX TO GIVE PERMISSION FOR US TO
USE EMAIL FOR NOTIFICATION OF ASSOCIATION

BUSINESS:

YOUR CHILDREN'S DETAILS

NAME _____

AGE _____

SCHOOLING PUBLIC MAINTAINED PRIVATE HOME-SCHOOLING

PUBLIC MAINTAINED PRIVATE HOME-SCHOOLING

MAINTAINED PRIVATE HOME-SCHOOLING

PRIVATE HOME-SCHOOLING

PUBLIC MAINTAINED PRIVATE HOME-SCHOOLING

MAINTAINED PRIVATE HOME-SCHOOLING

PRIVATE HOME-SCHOOLING

PLEASE ADD MY NAME TO THE ASSOCIATION'S
MEMBERSHIP ROLL.

MANIFESTO LA MEVA VOLUNTAT D'ADHERIR-ME A
L'ASSOCIACIÓ.

SIGNATURE

SIGNATURA

Please return to the Associació per la Llengua Anglesa de Catalunya / English
Language Association of Catalunya (Notariat 7, 3r 1a / 08001 Barcelona).