



IWP MEMBERSHIP RENEWAL FORM



Please print clearly and fill in all sections so that we can confirm that our records are up to date and correct.

Date: _____ Membership #: _____

Name: _____

Address: _____

Postal Code: _____ City: _____

Telephone: Home - _____ Mobile- _____

Email: _____

*Email addresses are only used to communicate with club members regarding club business and are not shared with outside sources.

Birthday: Day _____ Month _____ Year _____

Nationality: _____ Marital Status: _____

Occupation: _____

Do you own a Business or Practice here Portugal?

Do you have any specific job skills or hobbies which could contribute to IWP:

Which activities or events do you regularly participate in?

Please be specific:

_____ Monthly Luncheon

_____ Monthly Coffee Mornings

_____ Workshops (please specify) _____

Activities:

__ Check here if you are interested in starting a new activity or would like to help organize one. You will be contacted by our Activities Coordinator to discuss the details.

IWP Electronic Transfer Number / NIB #:0019 011200200013721 85

I would like to renew my membership to IWP and enclose, Check Cash Transfer Receipt for the amount of _____ €. If paying by transfer and the account holders name is different than your own, please indicate it here so we can recognize the payment

Signature: _____ Date: _____

Please Return this completed form with fee or transfer receipt to:

**IWP MEMBERSHIP
Apartado 6, 2751-901 Cascais**

(Checks must be made payable to I.W.P.)