



IWP MEMBERSHIP APPLICATION / RENEWAL FORM

Date: _____

Please circle one:

RENEWAL

NEW MEMBER

*If renewing your membership please update all contact information.
For new members please print clearly and fill in all sections.*

Name: _____

Address: _____

Postal code: _____ City: _____

Telephone: _____ Mobile: _____

Email: _____

E mail 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 in Portugal? If so, please elaborate.

How long have you lived in Portugal? _____ Expected duration of stay in Portugal: _____

Number of children at home or in school? _____ Their ages? 0-3 _____ 4-7 _____

8-11 _____ 12-16 _____ 17-25 _____

Please write a few lines introducing yourself. This will be published in our monthly magazine called A Janela.

Circle if you would like your EMAIL TELEPHONE MOBILE to be published in A Janela.
Please circle if do **not** want your contact information published. DO NOT PUBLISH

How did you hear about IWP?

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

IWP offers over 30 activities to participate in or help organize as well as monthly social events to attend. In order for us to know what attracts new members about the club, please tick what interests you.

_____ Monthly luncheon

_____ Monthly tour of historical Portuguese monument, town or site.

_____ Monthly Coffee Mornings, giving members a chance to meet and greet each other over coffee and pastry.

Activities:

- Health and fitness(including tennis, golf and fitness walking)
 Artistic activities of all types (including quilting, painting and crafts)
 Mother and child groups
 Fine wine and dining
 General interest (including book clubs and creative writing)
 Languages and culture (including Portuguese, French, German, Italian and Spanish)
 Tick if you are interested in starting a new activity or would like to help organize one.

If you have questions about settling into your new area or about IWP in general, a member living in your neighbourhood can contact you. If you wish to be contacted please select either by phone _____ or by email _____.

Membership Fees

The membership year begins October 1st and runs until September 30th. The yearly renewal fee is €50.00 and is applicable all year round. The membership fee decreases every month so that new members who join after the start of the membership year will only be charged for the remaining months in that membership year (see chart below). We charge a once off administration fee on joining of €15.00. Please send the initial joining fee of €15.00 plus the membership fee based on the month you join.

Payment

An electronic bank transfer of your membership fee can be done online via your bank's internet banking system or via any Multibanco machine. In either case, a receipt of the transfer will be offered to you. We ask that you please enclose it with this form. In addition, if you are paying via internet banking, please be sure to include your full name and phone number in the "reason for transfer window". New memberships paid via electronic transfer will not be processed unless the completed form and transfer receipt have been received via post by the IWP Office. The receipt is needed to verify the payment as some members' names do not coincide exactly with the name on their bank account.

If you have any questions please contact IWP at 915 552 847 or email office@iwponline.org on Monday, Wednesday or Friday between 9:00 and 14:00.

IWP Membership Fees 2011

September €50.00	January €40.00	May €27.00
October €50.00	February €37.00	June €24.00
November €47.00	March €34.00	July €20.00
December €43.00	April €30.00	August €17.00

IWP Electronic Transfer Number / NIB # 0019 0112 002000 13721 85

I would like to become a member of 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: _____

Signature: _____ Date: _____

(Checks must be made payable to IWP.)

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

IWP MEMBERSHIP
Apartado 6, 2751-901 Cascais

PHOTO/IMAGE RELEASE AND WAIVER

I hereby give IWP, the irrevocable right to use my name/photograph/image /video recording/ and likeness ("My Image") in all forms and manner including but not limited to publication on Internet Web Sites, broadcasts and any other publications as released to or by IWP.

I understand that IWP cannot control unauthorized use of my image by persons not associated with IWP once my image has been published. I hereby waive any right to inspect or approve any publication of my image by IWP. I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

DATE: _____

NAME: _____

(Please print)

TELEPHONE: _____ E-MAIL _____

SIGNATURE: _____

Official Use Only

Date received _____ Receipt No. _____ Membership n° _____
