Associação Internacional de Paremiologia / International Association of Paremiology (AIP-IAP)

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NIPC: 508563151 **Tel: +351 91 9629699**

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This proposal must be printed, filled in and signed by one proponent member and by the candidate (individual or collective) and send later on to the AIP-IAP address or the email indicated above. The result will be communicated to the candidate, after being accepted by the Board of Directors.
Members have the duties and rights expressed, respectively, in Artº 6º and in Artº 7º of the Statutes.
Payments of the values indicated below

Entrance fee: 30,00 euros	**Annual dues: 25,00 euros**

must be done by bank transfer to **AIP-IAP** account number (**NIB: 0045 7140 4021 9999 7948 3**, for national transfers) (**IBAN: PT50 0045 7140 4021 9999 7948 3**, for international transfers), and with the **Swift: CCCMPTPL**.

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PROPOSAL FOR A NEW ASSOCIATE of the AIP-IAP

Proposal nº _____

Name: _____

Date of birth: _____ of _____ of _____

Place: _____ **Country:** _____

Address: _____

Postal code: _____-_____ **Place:** _____ **Country:** _____

Pho: _____ **Mob:** _____ **Fax:** _____

E mail: _____

Profession: _____ **Observations:** _____

_____

_____

_____

The Proponent (Member nº _____)	**The candidate**

Approved by the Board of Directors in: _____ of _____ of _____ as **Member Nº** _____