|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Associação Artística de Solidariedade Social Olho.Te** | | | | | | | | | | | | | | | | | | Ficha de Associado | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| Dados Pessoais | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| O preenchimento do Nº de Associado(a) é responsabilidade da Entidade. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | **Nº de Associado(a)** | | | | | | | | | | | | | | **Data de Inscrição** | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |  |  | | |  | | | |  | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
| Nome Completo | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
| Data de Nascimento | | | | | | | |  | | | |  | | / |  | / |  | | | |  | |  | | | | | | | | | | | |  |
| Morada | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |
| Código Postal | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | - |  |  |  | | | | | | | | | | | | | | | | Localidade | | | | | | | |  | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | NIF | | | | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | | | | | | |  | | |
|  | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | |  |  | | | | |
|  | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | |  |  | | | | |
|  | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |
| **Contacto do(a) Associado(a)** | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  | Telemóvel | | | | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | |  | |
|  | Telefone | | | | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | |  | |
|  | Email | | | |  | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | |  | |
|  | | | | | | |  | | | | | | | | | | |  | | | |  | | | | |  | | | | | | |  | |
| **Pagamento** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Dinheiro | | | | | |  | | | Em Falta | | | | | | | | | | | |  | | | | |  | |  | |  | | | | |
|  |  | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | Quota Anual 12€ | |  | | | | |
|  | Transferência | | | | | |  | | | Valor | | | | | | | | | | | |  | | | | |  | |  | |  | | | | |
|  |  | | | | | |  | | |  | | | | | | | | | | | |  | | | | |  | |  | |  | | | | |
|  | Assinatura do(a) associado(a) | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | |  | |  | | | | |