Asociación Cultural de Arqueoloxía e
Ciencias da Antigüidade
ARCIAN

Facultade de Xeografía e Historia,
Praza da Universidade, Nº 1
15782, Santiago de Compostela
asoc.arq.ccaa@gmail.com

ASOCIACIÓN CULTURAL DE ARQUEOLOXÍA E CIENCIAS DA ANTIGÜIDADE (ARCIAN)

APPLICATION FORM (INDIVIDUALS)

Mr./Ms._____

with ID _____, **declares:**

- To abide by the principles and purposes of ARCIAN .
- To stand by the entry requirements of ARCIAN listed in the Statute.
- To being aware of the rights and obligations of the partners.

He/She applies for:

Subscription to the ***Cultural Association of Archaeology and Sciences of Antiquity*** (ARCIAN) with NIF G94109873.

And he/she is committed to:

Paying an anual fee of 15€ by bank transfer to the bank account of this non profit association.

IN _____, ON _____ _____ _____.

Signed by the interested

_____

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SUBSCRIPTION FORM

SURNAME:_____

NAME:_____

DATE OF BIRTH: _____ ID: _____

ADDRESSE:_____

POSTCODE: _____ TOWN:_____

PROVINCE: _____ COUNTRY:_____

EMAIL ADDRESSE:_____

UNIVERSITY OR INSTITUTION TO WHICH IS ENROLLED (optional):_____

_____

SIGNED

_____