

# Asociación Los Amigos de Torrox - Membership Form

Please complete this form and hand to a member of staff

Name .....

Address .....

E-mail .....

**NEW MEMBER:** NIE or Passport No .....

**EXISTING MEMBER:** Membership No .....

\_\_\_\_\_ **Office Use Only** \_\_\_\_\_

Payment received € .....

Date: .....

Received by: .....