

MEMBERSHIP FORM

FPNETBALL



Complete the form below

Natural Person / Individual

Full Name :

Full Address :

ID Number : Nationality :

Portuguese : Citizen Resident Other NIF number :

Date Of Birth : Gender : Male Female Prefer not to select
D D M M Y Y

Member E-mail: Phone :

Parent Name
(in the case of minor) :

Parent E-Mail : Phone :

Reason for joining : Player Coach Umpire Club owner Supporter Sponsor
(can select various) Other

Declarations and Consent

Yes No I agree to comply with the FPN Code of Conduct and regulations.

Yes No Privacy Information and Informed Consent.
I am aware of the information on the terms under which the FPNetball processes, conserves and protects the personal data of users of its services and equipment, available in writing on request, from the collection of my consent for the purposes that require it, as well as the rights that I may exercise, in accordance with the provisions of Regulation (EU) 2016/679-RGPD-and other applicable national legislation on privacy and data protection.

Yes No I authorise the communications and marketing through social networks, newsletter websites or any other means of communication from FPN electronically. Opting out will not impact membership.

Yes No I authorizes FPN to capture photos, images and sound in FPN activities and Services:
a) for use in multimedia equipment and displays from FPN, Netball Associations and/or Sponsors,
b) for FPN publications, namely through social networks, institutional website and newsletter.

Date

Signature of applicant

Signature Of Parent / Guardian
(in the case of minor)