



ENROLLEMENT DATE	READER NUMBER To be filled by our staff)	THE TECHNICIAN
FULL NAME		
DATE OF BIRTH	NACIONALITY	
CITIZEN CARD / PASSPORT	TAXPAYER NUMBER	GENDER
OCCUPATION	QUALIFICATIONS	
SCHOOL / KINDERGARDEN	DEGREE LEGISLE	
ADDRESS		
POSTCODE	CITY 	
PHONE / MOBILE	E-MAIL 	
PARENT / TUTOR		PHONE / MOBILE
Wish to receive updates by email	ves	
Upon the act of registration, it is necessary to presente your citizen card/ID, taxpayer card or personal ballot and proof of address (for instance, water or light bill, etc.) If the reader is underage, this form must be signed by his/her parent or tutor. The validation of this form will only be accomplished after the completion of the same.		
I HAVE READ AND ACCEPT THE RULES AND REGULATIONS OF THE ESPINHO'S LIBRARY NETWORK, THEREFOR ASSUMING RESPONSABILITY FOR ALL INFORMATION CONTAINED WITHIN THIS DOCUMENT.		
Signature		

