F I C H A D E I N S C R I P C I O N

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|  | Datos propios de la Asociación: |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
|  | *Socio número:* | **E-** |  | *Fecha inscripción:* | **\_\_\_/\_\_/\_\_\_\_** |  | *Tipo de socio:* |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | *Delegación:* |  |  *Agrupación:* |  |  |
|  |  |  |  |  |  |  |  |  |  |

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|  | Datos personales: |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Nombre:* |  |  | *Apellidos:* |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *D. N. I.:* |  | - |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Domicilio:* |  |  *Código Postal:* |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Población:* |  |  *Provincia:* |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Lugar nacimiento:* |  |  *Fecha de nacimiento:* | **\_\_\_/\_\_/\_\_\_\_** |  |
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|  | Datos de cobro: |  |  |  |  |  | Datos profesionales: |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Modo de pago:* | *(en metálico / cargo en cuenta)* |  |  |  | *Cuerpo Policial:* |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Importe de la cuota:* |  | *euros* |  |  |  | *Destino:* |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | *CC:* | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | *Número de placa:* |  |  |  |
|   |  |  |  |  |  |
|  | *Titular:* |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
|  | Otros datos |  |
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| --- | --- | --- | --- | --- |
| *Teléfono móvil:*  |  |  | *E-mail particular:*  |  |
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| Solicito ser inscrito/a en la International Police Association (IPA), aceptando los derechos y deberes que dimanan de los Estatutos y acuerdos legales que pudieran tomarse. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 201\_

Firma: