



to be completed by the club

Membership N°

Entry date

## MEMBERSHIP APPLICATION

### PERSONAL INFORMATION OF THE MEMBERSHIP HOLDER

ID Number/ Passport

Date of Birth

Day	Month	Year
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Name

Last name

Address

			Number	Stair	Floor	Letter
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Postal code

City

Province / State

Country

Mobile phone

E-mail

A copy of the ID Card or Passport is necessary

### MINORS UNDER LEGAL AGE (Father, mother or legal tutor) Contact for companies and supporters' clubs

Name

Last Name

ID Number/ Passport

Membership N°

Mobile Phone

Country

E-mail

### TYPE OF MEMBERSHIP

Cross the corresponding box

Infant

Child

Adult

If you belong to a supporters' club, please indicate its name

Season Pass	Location (to be completed by the club)
Yes <input type="checkbox"/>	Block
	Row
No <input type="checkbox"/>	Seat

Type of Membership

### PAYMENT INFORMATION AND BANK DETAILS

Form of payment

Single Instalment     3 Instalments     Financed\*

\*Exclusive for holders of "la Caixa"s Atlético de Madrid Visa credit card or through CaixaBank Finance Consumer.

First payment

Cash     Credit card

Bank Details

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Bank Name

IBAN

Bank code

Branch

C.D.

Account number

Credit Card Number (This information must be filled in by non-residents in Spain)

Expiration Date

I accept the current regulations and conditions published on [www.atleticodemadrid.com](http://www.atleticodemadrid.com)

Signature

Madrid, \_\_\_\_\_ of \_\_\_\_\_ of 20 \_\_\_\_\_