



**OFFICIAL COLLEGE AND ASOCIATION
OF TECHNICAL AERONAUTICAL
ENGINEERS**

BASIC PERSONAL DATA

The undersigned requests the registration in the Official College and Association of Technical Aeronautical Engineers

First Surname _____ Second Surname _____ Name _____

Speciality _____

Title's Date _____ ID/VAT _____ Promotion _____

City _____ Province _____

Date of Birth _____ Civil Status _____ E-mail _____

Address: Street _____ Number _____ City _____ Zip Code _____

Telephone _____

Others Aeronautical and Professional Titles	Centre where you took your studies	Title's Date

Cursos o Seminarios seguidos (Opcional)	Institution	Date

LEGAL ADVICE: I authorize the College and Association to use the present data for collegiate purposes

LANGUAGES YOU KNOW	TRANSLATION	SPEAKING

PROFESSIONAL SOCIETIES, CLUBS AND OTHERS ORGANISMS TO WICH YOU BELONG (OPTIONAL)	STARTING DATE

PROFESSIONAL EXPERIENCE

Organism or company _____

Address _____

Current work

Telephone _____

Work starting date _____

Position held _____

Previous Employments

Organism or Company	Since	Until

_____, ___ of _____ of _____

SIGNATURE OF THE INTERESTED PART

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BANK DOMICILIATION OF FEES (ADMINISTRATION)

Name of account holder _____

Home Address _____

City _____ Province _____ Zip Code _____

Bank or Saving Banks _____

IBAN				Entity				Office				CD		Account Number							
		-				-				-		-									

DO NOT COMPLY BY THE INTERESTED PART

BANK CASH SECRETARY

Collegiate Number _____

Associate Number _____

Registration Date _____

Card _____

Fees _____

holder:

Date:

Signature of account

SITUATION:

- RECENT GRADUATE SI NO

- OTHERS

Cross out what don't proceed

RECENT GRADUATES ARE EXEMPT FROM COLLEGE FEE DURING THE FIRST YEAR OF COLLEGE / ASSOCIATION

MAKE IT KNOWN IN THE REQUEST FOR DONT CHARGE IT

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