



RISCOS

ASSOCIAÇÃO PORTUGUESA
DE RISCOS, PREVENÇÃO
E SEGURANÇA

RISCOS MEMBER APPLICATION FORM

IDENTIFICATION

Name

Genre

Male

Female

Data of birth

Email

Phone

Mobile Phone

Address

ZIP Code

City

Country

Citizen Card Number

TAX Number

FORMATION

Training Area

College / Institute

Academic Degrees

Graduation

Master

PHD

PROFESSIONAL ACTIVITY

Current

Function

Entity

Previous jobs risk related

Function

Entity

Beginning and end

Function

Entity

Beginning and end

AREAS OF INTEREST

In the field of risks

Other domains

SECTIONS

RIS - National network for the study of forest fires and their effects on soils

Want to integrate RIS section Yes No

Main scientific interest in the area of RIS Forest fires Soils

MedCat – Catastrophe Medicine

(exclusively for doctors, nurses, veterinarians, pharmacists and psychologists, master's or doctoral students in the field. Eventually affinity jurists).

Want to integrate MedCat section Yes No

PAYMENT

Annual Quota (civil year)	Individual Associate (25,00€)
	Student Associate (12,50€)
	Collective Associate (100,00€)
Payment Mode	Cash
	Check
	Account Deposit
	Bank transfer

**Payment data: NIB: 0035 0255 0023 5192 8307 9 | IBAN: PT50 0035 0255 0023 5192 8307 9 | NIF: 506 731 391
BIC/SWIFT: CGDIPTPL | Account name: Riscos | Bank: Caixa Geral de Depósitos**

Data Protection Policy I have read, understood and consent to the processing and archiving of the data contained in this application form, for appropriate purposes, in accordance with the RISCOS General Protection Regulation Data (GPRD) available at: <https://www.riscos.pt/gprd/>

Observation

The membership proposal is finalized.
Save changes to the document and send to riscos@riscos.pt

To make your membership, be sure to attach a copy of proof of payment, without which membership cannot be considered.