



# 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

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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	Main scientific interest in the area of RIS	Forest fires
	No		Soils

**GIER – Working Group on Education for Risks (promote research on “Education for Risks”, bringing academia, operational staff and civil society into dialogue, with emphasis on teachers).**

Want to integrate GIER	Yes
	No

**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

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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

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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](mailto:riscos@riscos.pt)

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