



Excmo. Ayuntamiento de San Fulgencio

***APPLICATION FOR MEMBERSHIP TO THE VOLUNTEER LOCAL  
PROTECCIÓN CIVIL GROUP OF SAN FULGENCIO***

***FIRST NAME:*** \_\_\_\_\_

***SURNAME:*** \_\_\_\_\_

***Telephone:*** \_\_\_\_\_ ***E-mail*** \_\_\_\_\_

***ADDRESS:*** \_\_\_\_\_

***TOWN:*** \_\_\_\_\_

***N.I.E.:*** \_\_\_\_\_

*San Fulgencio, date and signature*

***Education:***

***Qualifications:***

***Professional experience:***

***Languages spoken:***

***Driving licence:***

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***Younger than 18 years of age:***

***Name of father, mother or guardian:***

***NIE:*** \_\_\_\_\_

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***Autorisation for presenting this membership form***

*signature*