Application form for AVIB membership AVIB Acceding person FORENAME SURNAME NIE-NUMBER DATE OF BIRTH LANGUAGE E-MAIL ADDRESS Spouse / Partner **FORENAME SURNAME DATE OF BIRTH** Residence in la Cumbre del Sol ZONE NR. **TELEPHONE LA CUMBRE** Residence abroad STREET OR PO BOX **POSTCODE LOCATION COUNTRY TELEPHON Further details HOBBIES** AT WHICH SEASONS DO YOU STAY AT THE CUMBRE? **SEPA** mandate granted YES NO ADDITIONAL INFORMATION