



**ASOCIACIÓN DE AMIGOS DEL  
CAMINO DE SANTIAGO DE  
HOSPITALET DE LLOBREGAT**

Ronda la Torrassa 105. Planta 2ª  
Casal d'entitats  
TEL. 93 332 67 48  
08903 L'HOSPITALET DE LLOBREGAT

REQUEST OF REVENUE Num. \_\_\_\_\_

The one that signs requests joins as partner in the asociación de amigos del camino de Santiago de L' Hospitalet de Llobregat, with the conformity of the In force Regulation.

Surname \_\_\_\_\_

Name \_\_\_\_\_ \*Born in \_\_\_\_\_

Date of birth \_\_\_\_ de \_\_\_\_ de 19 \_\_\_\_ Marital Status \_\_\_\_\_

D.N.I./Passport \_\_\_\_\_ Adress: \_\_\_\_\_

Floor \_\_\_\_\_ Door \_\_\_\_\_ Phone \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

\*Profession \_\_\_\_\_ \*Company \_\_\_\_\_

\*Email: \_\_\_\_\_

THE PARAGRAPHS INDICATED WITH THE ASTERISK \* ARE NOT OBLIGATORY TO REFILL THEM

L'Hospitalet de Llobregat \_\_\_\_ de \_\_\_\_ de 20 \_\_\_\_

Signature