

## MEMBERSHIP REGISTRATION FORM

Please complete this form and send it to [info@healthusnepal.org](mailto:info@healthusnepal.org)  
Thank you for your donation.

### PERSONAL INFORMATION

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Name and Surname	DNI / NIF	
<input type="text"/>	<input type="text"/>	
Address	Town	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email to receive information	Phone	
<input type="text"/>	<input type="text"/>	

### DIRECT DEBIT OF THE DONATION

Please mark with an X the amount you would like to contribute to Health us Nepal:

<input type="checkbox"/> 5€/month	<input type="checkbox"/> 10€/month	<input type="checkbox"/> 20€/month	<input type="checkbox"/> 30€/month	<input type="checkbox"/> Other amount monthly:
Select payment:				€
<input type="checkbox"/> ANNUAL				
<input type="checkbox"/> QUARTERLY				

### Direct debiting of donations

Current account (IBAN)

<input type="text" value="ES"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and surname of the account holder  
(IF DIFFERENT FROM THE PARTNER)

<input type="text"/>
<input type="text"/>

<input type="text"/>
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Signature of the account holder

Thank you very much. You will receive a copy of the Statutes of the association.

If you prefer to contribute with an occasional donation, you may issue a transfer to our bank account (ES30 3025 0016 1714 0003 6144), BIC: CDENESBBXXX specifying "DONATION to Health us Nepal" in the concept. You might fill in the below form and send it to us if you would like to apply the tax deduction in your declaration.

We request your authorisation to send you information about the association's activities:  YES  NO

Date \_\_\_\_\_

Signature \_\_\_\_\_

#### Information on Data Processing (Regulation (EU) 2016/679 and LO 3/2018)

[More info at [www.healthusnepal.org](http://www.healthusnepal.org)]

Data controller: HEALTH US NEPAL ASSOCIATION - NIF G55301303 - Pare Roca 1, 3er. 1a. 17800 Olot -

Email: [info@healthusnepal.org](mailto:info@healthusnepal.org)

We process your data to manage our cooperation and aid services in Nepal. The legal basis for processing your data is your consent. The data will be kept for as long as you are a member of the association and for as long as necessary to comply with legal obligations. We will not pass on your data to third parties except in cases where there is a legal obligation to do so or where it is necessary to fulfil the purpose of the processing. You can access your data, rectify or delete it, object to its processing and request its restriction, as well as ask us for more information about data processing, by sending your request to our address. You can also contact the AEPD (Spanish Data Protection Agency) to file a complaint if you consider it appropriate.