



Associação Nacional de Cruzeiros

Edifício de Apoio à Náutica de Recreio - Módulo 1, Avenida de Brasília - Doca de Belém
1300-598 LISBOA * PORTUGAL
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SUBSCRIPTION FORM

SHIP OWNER / SKIPPER / CREW MEMBER / VISITOR
(choose the appropriate)

Name: _____
E-mail: _____ Vat Number _____
Address: _____
City: _____ Postal Code: _____ - _____
Phone _____ Mobile _____ Birth date ____/____/____
Occupation: _____ Yacht Club: _____

Yacht name: _____ Sail Number: _____ MMSI: _____
Shipyard / Model: _____ Registration Port: _____
Registration Number _____ Length _____ Beam _____ Draft _____
Usual Harbour (docking) _____ Dedicated to Commercial Activity? _____

Navigation Areas Permit:

Sheltered waters Costal Oceanic

Certificates: Sailor Captain Ocean Skipper Other/ _____

ANC Delegation: _____

- In the case that this membership is approved, I therefore declare that I accept the rules in place of this Association.
- By the present I also agree to receive information about Association activities, by email, post, SMS, Newsletter or any other? (Y)es/(N)o _____ []

Signature: _____

Direction board decision:

Approved / Declined in board meeting on the ____/____/____