

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

Fill in as many fields as possible and send this form to:  
gestao@pstqb.pt

### Corporate Membership:

SILVER	GOLD	PLATINUM	DIAMOND
345 € (Annual Fee) up to <b>5</b> members registered	650 € (Annual Fee) up to <b>10</b> members registered	1.155 € (Annual Fee) up to <b>20</b> members registered	2.525 € (Annual Fee) up to <b>50</b> members registered

## 1. COMPANY INFORMATION

Name\*

Address\*

City\*

Country\*

ZIP Code\*

E-mail Address\*

Phone Number\*

N.I.P.C.\*

P.O. Number

Membership Level\*

## 2. PERSON RESPONSIBLE FOR COMPLETING THE FORM

Name\*

Phone Number\*

Position/Role\*

E-mail Address\*

## 3. PAYMENT DATA

**NIB** 0035 0001 00033933330 69  
**IBAN** PT50 0035 0001 00033933330 69  
**BIC SWIFT** CGDIPTPL

\* Required fields.

NOTE: Please make sure to send us proof of payment, attached to this registration form.

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### 4. PERSONAL DATA PROCESSING

The personal data, collected here, allows **PSTQB - Portuguese Software Testing Qualifications Board**, to initiate the Private Membership registration process.

With regard to the collection, processing and treatment of personal data:

1. **PSTQB - Portuguese Software Testing Qualifications Board**, is governed by the provisions of EU 2016/679, of the European Parliament and of the Council, of April 27, 2016 (General Data Protection Regulation (R.G.D.P.)) and, also, by the laws and regulations applicable in Portugal.

2. **PSTQB - Associação Portuguesa de Testes de Software**, is the entity responsible for processing the personal data contained in this form.

I hereby declare, that I **ACKNOWLEDGE** and **ACCEPT** the information detailed above.\*

I declare, for all legal purposes inherent to the protection of personal data, that I **ACKNOWLEDGE** the information detailed above, as well as the privacy of **PSTQB - Portuguese Software Testing Qualifications Board**.\*

I **AUTHORIZE** **PSTQB - Portuguese Software Testing Qualifications Board** to use the e-mail address mentioned on the cover page of this form for marketing purposes, namely: newsletter, promotion of the Testing Portugal Conference, PSTQB Sessions events, among others organized by **PSTQB - Portuguese Software Testing Qualifications Board**.

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Signature



# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### 5. MEMBERS REGISTRATION

Depending on the Membership level chosen on the first page of this form, you must indicate below the **Personal Information** and **Contact Details** of all the members of your company to be enrolled as **PSTQB** Associates, leaving the remaining fields blank, if justified

#### ASSOCIATE NR. 1 (WHO WILL REPRESENT THE COMPANY BEFORE THE **PSTQB**)

<input type="text"/>	<input type="text"/>
Name*	Position/Role*
<input type="text"/>	<input type="text"/>
E-mail Address*	Phone Number*

#### ASSOCIATE NR. 2

<input type="text"/>	<input type="text"/>
Name*	Position/Role*
<input type="text"/>	<input type="text"/>
E-mail Address*	Phone Number*

#### ASSOCIATE NR. 3

<input type="text"/>	<input type="text"/>
Name*	Position/Role*
<input type="text"/>	<input type="text"/>
E-mail Address*	Phone Number*

#### ASSOCIATE NR. 4

<input type="text"/>	<input type="text"/>
Name*	Position/Role*
<input type="text"/>	<input type="text"/>
E-mail Address*	Phone Number*

#### ASSOCIATE NR. 5

<input type="text"/>	<input type="text"/>
Name*	Position/Role*
<input type="text"/>	<input type="text"/>
E-mail Address*	Phone Number*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 6

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 7



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 8

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 9

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 10

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 11

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 12

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 13

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 14

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 15

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 16

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 17



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 18

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 19

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 20

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 21

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 22



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 23

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 24

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 25

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 26

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 27



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 28

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 29

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 30

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 31

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 32



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 33

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 34

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 35

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 36

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 37



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 38

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 39

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 40

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 41

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 42



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 43

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 44

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 45

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# REGISTRATION MEMBERSHIP

## CORPORATE MEMBERSHIP

### ASSOCIATE NR. 46

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 47



Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 48

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 49

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

### ASSOCIATE NR. 50

Name\*

E-mail Address\*

Position/Role\*

Phone Number\*

# PSTQB

ASSOCIAÇÃO PORTUGUESA  
DE TESTES DE SOFTWARE



#PSTQB

