

REGISTRATION MEMBERSHIP

CORPORATE MEMBERSHIP

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

Corporate Associate:

(Annual Fee)

SILVER	GOLD	PLATINUM	DIAMOND	TITANIUM
342€ up to 5 associates registered	648€ up to 10 associates registered	1.152€ up to 20 associates registered	2.520€ up to 50 associates registered	5.760€ up to 120 associates 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.

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**.

Signature



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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**)

Name*

E-mail Address*

Position/Role*

Phone Number*

ASSOCIATE NR. 2

Name*

E-mail Address*

Position/Role*

Phone Number*

ASSOCIATE NR. 3

Name*

E-mail Address*

Position/Role*

Phone Number*

ASSOCIATE NR. 4

Name*

E-mail Address*

Position/Role*

Phone Number*

ASSOCIATE NR. 5

Name*

E-mail Address*

Position/Role*

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

