**NOMINA DE MIEMBROS DE LA COMISION DIRECTIVA**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CARGO** | **APELLIDO Y NOMBRE** | **D.N.I. N°** | **FECHA DE NACIMIENTO** | **DOMICILIO** | **TELEFONO** | **E-MAIL** | **FIRMA DE CONFORMIDAD** |
| Presidente: |  |  |  |  |  |  |  |
| Secretario: |  |  |  |  |  |  |  |
| Tesorero: |  |  |  |  |  |  |  |
| Vocal Titular 1°: |  |  |  |  |  |  |  |
| Vocal Titular 2°: |  |  |  |  |  |  |  |
| Vocal Titular 3°: |  |  |  |  |  |  |  |
| Vocal Suplente 1°: |  |  |  |  |  |  |  |
| Vocal Suplente 2°: |  |  |  |  |  |  |  |
| Vocal Suplente 3°: |  |  |  |  |  |  |  |

**NOMINA DE MIEMBROS DEL ORGANO FISCALIZADOR**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rev. Cuentas Titular: |  |  |  |  |  |  |  |
| Rev. Cuentas Supl.:  |  |  |  |  |  |  |  |

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 *Secretario Presidente*