

Please write in block letters

MEMBERSHIP APPLICATION FORM

CARD N°

NAME.....SURNAME.....

Born in on the

Address.....ZIP.....TOWN.....COUNTRY.....

Cod.fiscale Tel

E-Mail.....

REQUESTS

to be admitted as a member of the Cultural Association “Points of View”, registered in Rome, Via G. A. Sartorio 69, Tax Identification 96320120585 P.I. 05261641004, with operational headquarters in Bolsena, at the Convent of Santa Maria del Giglio, for the development and the achievement of the association’s objectives, according to the Statute and the Association’s Board, and committing to pay the fees established by the Board of Directors.

Type of membership: (tick appropriate box):

- Ordinary Membership: Membership fee EUR 5.00
- Associate member: Membership fee EUR 1.00

Fee payment: (tick appropriate box):

- Cash
- Cheque or bank account no.
- Bank transfer

I also declare, that I have read the Association Statute and accepted it in full.

 **signature** _____

Parental consent (if minor) (in caso di minorenne) _____

According to article 13 of the Italian Legislative Decree no. 196 of June 30, 2003 (hereinafter, the “Decree no. 196/2003”) concerning the code for the protection of personal data, I give permission to processing personal data, according to the obligations provided by law and statutory rules.

 **signature** _____

Parental consent (if minor) _____

BOLSENA , [date] _____

TO BE FILLED OUT BY THE ASSOCIATION

Acceptance/rejection of the Association

Membership admission resolution held on the _____ registered member n _____

member’s identification document n. _____

Released from _____ on the _____

“Punti di Vista” ♣ Associazione Culturale

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