

PLEASE WRITE IN CAPITAL LETTERS

**MEMBERSHIP APPLICATION FORM**

**CARD N°**

Name / SURNAME \_\_\_\_\_

Birthplace \_\_\_\_\_ date \_\_\_\_\_

Address \_\_\_\_\_ P.C. \_\_\_\_\_ City \_\_\_\_\_

(IT Fiscal code if any) \_\_\_\_\_

Telephone num \_\_\_\_\_

E-Mail \_\_\_\_\_

**REQUESTS**

to be admitted as a member of the no profit association "Points of View" APS, 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 to deliberation of the Association's Board, and committing to pay the fees established by the Board of Directors.

Fee payment: (tick appropriate box):

Cash

Bank transfer

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



**Signature** \_\_\_\_\_

Parental consent (if minor) \_\_\_\_\_

I read and accept the privacy policy of the Association in line with the EU GDPR n. 679/2016 (italian laws D.Lgs 196/2003 modified by D.Lgs 101/2018 ) concerning the code for the protection of personal data, I give permission to processing personal data as requested by 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 \_\_\_\_\_

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member's identification document n. \_\_\_\_\_

Released from \_\_\_\_\_ on the \_\_\_\_\_