



## Membership Form 2026

Name \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

### ADDRESS

Street \_\_\_\_\_ n. \_\_\_\_\_,

City / Town \_\_\_\_\_

POSTCODE \_\_\_\_\_

e-mail \_\_\_\_\_ tel. \_\_\_\_\_,

### TYPE OF MEMBERSHIP

### MEMBERSHIP FEE

Ordinary Annual Membership

€75

Supporter

€750

Business Supporter

€7,500

Supplementary donation

€\_\_\_\_\_

Payment Method:    Bank transfer     PayPal     Cash

I hereby apply to become a member and accept the Statutes, that I have read and the aims and principles of which I share.

I hereby agree to pay the annual membership fee and any dues for specific activities.

I hereby authorize the use of my personal details according to the Italian Legislative Decree n° 196/2003, for institutional aims of the association, to the extent necessary for the fulfillment of obligations under the law and the statutes.

**Place & Date** \_\_\_\_\_

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

*FOR OFFICE USE ONLY*

**Delibera del C.D. del:**

**Numero Matricola Libro Soci:**