

MEMBERSHIP APPLICATION FORM

Att. of the Board of Directors
Associazione di Promozione Sociale
"Theatre of Eternal Values Italia"
Via Sopramuro 60
29121 Piacenza (PC) - Italy

The undersigned (Full Name).....,
born in (Place of Birth)..... Prov. (.....),
(Country of Birth).....
on the (Date of Birth).....
resident (Residence Address).....

.....
Tel Cell
E-mail

Asks this esteemed Board of Directors to be admitted as a member of the Association "Theatre of Eternal Values Italia".

The undersigned declares to know and accept the laws and regulations of the Association and agrees to comply with the statutory provisions and decisions of the Association.

Place....., Date

Applicant's signature

In accordance with the Italian Law, Legislative Decree No.196/2003, I hereby give consent to the treatment of the supplied personal data to the extent necessary for the pursuit of the statutory purposes. I agree also that the data will be communicated to the institutions with which the organization works and that these will be processed to the extent necessary to fulfill the obligations imposed by law.

Place....., Date

Applicants's signature