



ASSOCIAZIONE
Silvia Sandano

MEMBERSHIP FORM FOR THE “SILVIA SANDANO ASSOCIATION”

(Send by fax with a copy of the bank transfer receipt)

SURNAME _____

NAME _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

TAX CODE _____

ADDRESS ST./SQUARE _____ NO _____ POSTCODE _____

OFFICE ST./SQUARE _____ NO _____ POSTCODE _____

1 TEL _____

2 TEL _____

EMAIL _____

PLEASE ATTACH THE RECEIPT OF THE BANK TRANSFER FOR THE ANNUAL MEMBERSHIP FEE (CHECK THE FOLLOWING YOU ARE INTERESTED IN):

- Ordinary Member (€ 50.00)**
 Contributing Member (€ 150.00)

WITH THIS SUBSCRIPTION I AUTHORISE THE SILVIA SANDANO ASSOCIATION TO HANDLE MY PERSONAL DATA IN COMPLIANCE WITH THE PRIVACY LAW 196/03.

DATE _____ **SIGNATURE** _____