



Association Request

PLEASE COMPLETE IN BLOCK CAPITALS

The subscriber: NameSurname.....
 Born in.....on ___/___/_____
 Resident in (city).....
 (address).....n°.....Cap.....
 Identity Card N°.....
 Phone.....
 E-Mail

ASKS

to be admitted as a member to your Association. In that regard

I CONFIRM

- to have read the Statute available on C.S.B. Web Site linked: centrostudi.net to accept and respect it in all its point;
- to pay the annual membership fee according to the activity I have chosen
- to have read the privacy policy in accordance with ex GDPR 679/2016 available on the Association's website: corsi.centrostudi.net/en/privacy-en
- to give my consent to the processing of my personal data and authorize photographs and / or video shooting, provided they are intended for institutional purposes only, by carrying out the activities and / or events organized by the Association;
- to give my consent to the processing and publication, for institutional purposes only, of videos, photographs and / or images that reveal the identity on websites and in all other locations selected by the Association.
- to be available to carry out spontaneously and at my discretion, animated by a pure spirit of liberality, any services deemed useful and necessary in the context of the association activities, with full and total awareness of the fact that each service finds its compensation in the satisfaction of being for the benefit of the association.

Date

Signature