

To the Board of Directors
of the Cultural Centre Antiqua Marca Firmana
viale Trento Nunzi, 50
63900 - Fermo (FM) - Italy

APPLICATION FOR MEMBERSHIP

The undersigned, First Name _____

Surname _____

born in _____ on _____

resident _____ nr. _____

Postal code _____ City _____

Fiscal code _____

Landline phone _____ Mobile phone _____

e-mail _____

Having read the current association statute and with the commitment to full compliance with the Association's Statute, I request MEMBERSHIP of the Antiqua Marca Firmana Cultural Center.

Place and date _____

Signature _____

The undersigned _____ having read carefully the Privacy Regulation CONSENTS to the processing of personal data in the manner and for the purposes described in the data processing information.

Place and date _____

Signature _____

I enclose a copy of my valid ID card.