



A PASSI FERRATI

Membership application form Cultural Association Apassiferrati

To the Apassiferrati's board Directors
Via Borgo Murata, 34 - 03032 Arce (FR), Italia
info@apassiferrati.com - www.apassiferrati.com
IBAN: IT50 S033 5901 6001 0000 0134 616

Mr or Mrs

Surname and Name

Tax code

Place and date of birth

Place of residence

Address

Phone numbers

E-mail

Identification document

having taken notice of the Statute, I ask to join the Cultural Association Apassiferrati

Therefore, I declare to share the objectives expressed by the Articles of Association and I want to contribute to their achievement.

I commit myself to follow the statutory rules and regulations of the Board of Directors.

I also commit myself to not use the name of the Association for activities of a trade, business or other activities that have profit.

I also commit to not use for profit the material produced by the Association and made available to shareholders.

I am aware that the accession is subject to acceptance by the Board of Directors, as required by statute.

I declare that, in case of request and acceptance as a full member, I will pay for the first year **20 €** and for subsequent years **15 €**, except for the facilities provided by the Regulation of Association determined by the Board of Directors.

As a member I will be entitled to participate in their activities and meetings, access to the material prepared by the Association.

Place and date

Sign

