

To the Board of Directors of the Cultural Centre
Antiqua Marca Firmana (Third Sector Entity)
Viale Trento Nunzi, 50 / 63900 - Fermo (FM)
(by certified e-mail: antiquamarca@pec.it)

APPLICATION FOR MEMBERSHIP

The undersigned, First Name _____

Surname _____

born in _____ on _____

resident in: _____ n. _____

Postal code _____ City _____

Fiscal Code _____

Landline phone _____ Mobile phone _____

e-mail _____

For himself;

As _____ of _____ named
_____, based in
_____ street
_____, n. _____, Fiscal Code
_____, VAT number _____, e-mail:
_____.

Having read the current association statute and with the commitment to full compliance with the AMF-ETS's Statute, I request to become **MEMBER** of the Antiqua Marca Firmana Cultural Center (AMF-ETS).

Place and date _____

Signature _____

The undersigned _____ in the above-mentioned quality, 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.