

GIMBT MEMBERSHIP APPLICATION

Dear Board of Governors
GiMBT

RE: REQUEST TO JOIN THE ASSOCIATION

I, the undersigned _____

Date of Birth _____ Place of Birth _____

Residential address _____ N. _____

City _____ Province _____

State _____

Post Code _____ Fiscal Code _____

Tel _____ Cell _____

E-mail _____

(all communication related to the association's activities will be carried out via e-mail at the specified address).

Profession _____ (attach a brief CV to the request)

I ask the Board of Governors to join the association as member and to share its purposes. The undersigned commits to complying with the applicable statutory regulations and the resolutions taken by the validly constituted association bodies.

To this end I declare that I am aware of, and accept, the articles of association.

Yearly membership fee: 50 Euro, to be paid via bank transfer on the current account of the GiMBT.

IBAN IT38F0200801610000104720087

Description: membership fee (specify the year)

Place and date _____ Signature _____

Having viewed the information on the use of my personal data, pursuant to art.13 of the Italian Legislative Decree No.196/2003, I authorise the treatment of my personal data in order to manage the relationship with the association and to comply with all legal requirements.

Moreover I agree that the membership data may be communicated to bodies with which the association collaborates and for such bodies to treat the data in order to comply with legal and statutory requirements.

Place and date _____ Signature _____