



MEMBERSHIP APPLICATION

NAME -----

ADDRESS -----

PLACE OF BIRTH ----- DATE OF BIRTH -----

ITALIAN FISCAL CODE (if available) -----

Please indicate your preferred language: ENGLISH – ITALIAN – BOTH

EMAIL: ----- TELEPHONE: -----

requests Membership of the Cultural Association Loveltaly and is aware of the objectives of the Association set out in article 3 of the Statute in accordance with the principles prescribed therein.

Date: -----

Signature: -----

Membership

Annual donation: €100