



## MEMBERSHIP APPLICATION FORM

NAME -----

ADDRESS -----

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

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

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

requests Membership of the Cultural Association LoveItaly! 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**

Donation of 100 euro

### **Sustaining Membership**

Donation of 500 euro

### **Cicero's Circle Membership**

Donation of 1.000 euro

### **Caesar's Circle Membership**

Donation of 5.000 euro

### **Venus's Circle Membership**

Donation of 7.000 euro

### **Main Partner Membership**

Donation of 10.000 euro