

MEMBERSHIP INFORMATION FORM

By signing this form, as a member of the cultural association DisegnoInsegno I confirm the following information and that:

- I have read and agree to be bound by the Statute and Policy of the association, to take on any civil and criminal liability for any damage to people, animals or property, both accidentally or by breaking the Statute or Policy mentioned above.
- I undertake to inform the Association by written communication of any change of the information given hereby,
- I received the information note according to the art. 13 of of D.Lgs.196 of 30/06/2003, including the new "Personal Data Protection Code" and authorize the treatment of my personal data enclosed in my application form or later for the Association's specific institutional ends. I reserve my rights under the above-mentioned Legislative Decree Art 7 (cancellation, rectification, blocking of data processing) at any moment.
- The Data Controller responsible for all data processing is the current president of the Association;
- I accept that the Association declines any liability for any damage to clothes or shoes due to use of materials during a workshop,

- I have received the membership card no.: (from the Association).

Membership details:

Last name: _____ Name: _____

Date of birth: _____ Place of birth: _____

Address: _____ City: _____

Fiscal code: _____

e-mail: _____

Telephone: _____ Mobile phone: _____

Parent/Guardian details for minor participants:

Last name: _____ Name: _____

Address: _____ City: _____

Fiscal code: _____

Signature of the president or legal representative of the association:

Signature of parent/guardian of the minor:

Bologna, on

associazione

DisegnoInsegno

www.disegnoinsegno.com sabrina.disegnoinsegno@gmail.com

tel.329/2024204

Operating site:: Via Onofri 4/a 40134 Bologna/Italy

Registered office: Viale Oriani 38 40137 Bologna/ Italy

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