

**APPLICATION FOR ADMITTANCE
AS MEMBERSHIP OF
“APS AMICI PER LA MUSICA”
VENARIA REALE / ITALY**

The undersigned:

(name) _____

(surname) _____

Born (on) __/__/____ in (town)_____ (country)_____

Living in (town)_____ (country)_____

Street _____

_____ number _____ Zip code _____

Phone nr _____ e-mail _____

Having viewed the bylaws of the association, present on the website www.amiciperlamusica.com, sharing its institutional purposes and wishing to participate actively in the associative life and projects of the Association,

asks

this estimable Board of Directors to be admitted as a member of the Association, committing to abide by the statutory provisions and the resolutions of the validly constituted associative bodies.

Declares to have read and understood the privacy policy on the Association's website <https://www.amiciperlamusica.com/privacy-policy.php>

Date, _____

Signature
