

APPLICATION FORM FOR THE ASSOCIATION

NoirFansClub

Name _____

Born in: Country _____ City _____ State _____ Birth Date: _____

Address: Road _____ City _____

Country _____ State _____ Post code _____

Telephone _____ Mobile _____

Fax _____ E-mail _____

I ASK

to join the Association "NoirFanClub" as an:

Ordinary Associate

And my nickname registration is: _____

I enclose to this form receipt of 20 Euro payment made on the postal C/C n° 70698923 registered in the name of **Associazione NoirFansClub** - 73024 - Maglie (LE) as subscription fee for the year **2017**.

(Place, date)

Sign*

I give my consent for my personal data processing (or my son's ones) in persuance of law 196/03 and I have read the legal notice on the safeguard of personal data (art. 13 D. Lgs 196/03).

(Place, date)

Sign*

(If underage, sign of a parent or tutor)

(Fill in only if the associate is underage)

Name _____ Born in _____ Birth Date _____

As parent/tutor, authorize my son/daughter _____

to join NoirFansClub Association.

(Place, date)

Sign*