

MEMBERSHIP CARD

I hereby apply to become a member of the COLLECTIVE Association

Name _____

Surname _____

Born in _____ on _____

Fiscal code _____

Address _____

Zip Code _____ City _____ Country _____

Telephone number _____

E-Mail _____

For the following membership:

@ Supporting member 800 €*

@ Under 30 500 €*

Signature _____

Date _____

The data acquired by the COLLECTIVE Association will be treated in full compliance with the Code regarding the protection of personal data (Art. 13 of Legislative Decree n. 196/2003)

I consent to the processing of my personal data indicated above within the limits of their use exclusively to COLLECTIVE

Signature _____

Date _____

Collective - Collectors Association

www.artcollective.club

*valid for two