

I want to become a member (fill in at least the fields with *)

I'm a * Particular ☐ Company ☐ I'm of age * ☐

Identity Card Number

Name/Company Name *

Surname

Home

Town

Province Z.C.

Phone

E-mail

Contribution * **Euros**

Regularity of payment *

Monthly

☐

Quarterly

☐

Half-yearly

☐

Annual

☐

from the month/20.....

My bank account number I.B.A.N.*

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I want to receive the certificate for I.R.P.F. or Company Tax purposes *

(if YES, you must provide us your Identity Card Number, your Zip Code and your adress or email)

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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Date

Signature

By delivering my information I authorize **Delwende "at the Service of Life"** to charge my membership fee in the bank account indicated above.

In accordance with our Privacy Policy, your personal data will be treated in accordance with the principles of transparency, limitation of purpose, minimization of data, accuracy, integrity and confidentiality, as well as respecting the rest of obligations and guarantees established in the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and the free circulation of such data.