



**Italian Association Jaques-Dalcroze**

Registered office: Via IV Novembre 157, 00187, Rome, Italy

MEMBERSHIP REGISTRATION FORM

The applicant,

Family name \_\_\_\_\_ Name \_\_\_\_\_

Born on the \_\_\_ / \_\_\_ / \_\_\_\_\_ in \_\_\_\_\_

Resident in \_\_\_\_\_ Address \_\_\_\_\_

Postal code \_\_\_\_\_ Phone number \_\_\_\_\_

Passport/ID card number \_\_\_\_\_

E-mail \_\_\_\_\_

Being adequate to the requirements, the applicant:

Asks to be registered to the Italian Association Jaques-Dalcroze (registered office: Via IV Novembre 157, 00187, Rome, Italy) as

- Ordinary member
- Supporting member
- Junior member

Declares to be aware of the statute and the internal regulation and to fully accept them, and engages to respect social bodies' deliberations and to do as much as possible as to fulfill social purposes;

Declares as well to have received the Information of the Processing of Personal Data according to Article n. 13 of the European Regulation 679/2016.

Signed at \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_

RESERVED TO	Examined and approved by the Association's Board at
THE ASSOCIATION	_____ on ___/___/_____

- Gives consent to/  Does not give consent to the processing of personal data;
- Gives consent to/  Does not give consent to receive newsletter/informative letters from AIJD;
- Gives consent/  Does not give consent to take part to a group on social networks for purposes referring to AIJD's statutory tasks.

Signed at \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_