

## **Membership Form**

Name	
Surname	
Title	
Date of Birth	
Place of Birth	
Tax Code	
Organisation	
Address	
City, Country	
E-mail	
Phone number	

## **ANNUAL FEE 2024**

a) Regular member: 35 EUR

b) Student: 20 EUR

## **BANK TRANSFER**

Beneficiary: CD.TE.C ASS. ITALIANA DI CHIMICA E TECNOLOGIA DELLE CICLODESTRINE

Bank: Unicredit S.p.A. – Asti (AT)

IBAN: IT62G0200810300000040830737

SWIFT: UNCRITM1840

Payment description: NAME SURNAME MEMBERSHIP 2024

I have received information with respect to the treatment of my personal data in accordance with the privacy European rules 2016/679, GDPR (General Data Protection Regulation, 25/05/16) and formally applied on May 25<sup>th</sup>, and I authorize the treatment of such personal data insofar as it is necessary for the pursuit of the purposes contained in the present Charter. Furthermore, I authorize the Association to share my personal data with those organisations with which it collaborates, and I authorize such organisations to treat such personal data insofar as it is necessary for the respect of Italian law and statutory requirements.\*

\*The present translation is offered for purposes of information. The Italian-language text of this document is the sole authoritative.

Date Sign