



# MEMBER AFFILIATION FORM

Name & Surname			
	<i>(required field)</i>		
Date of birth			
	<i>(required field)</i>		
Legal Club Name			
	<i>(required field)</i>		
Address of the club:			
	<i>(required field)</i>		
ZIP Code:		City:	
	<i>(required field)</i>		<i>(required field)</i>
Country:			
	<i>(required field)</i>		
Phone:			
	<i>(required field)</i>		
Member's e-mail:			
	<i>(required field)</i>		
Member's mobile phone:			
	<i>(required field)</i>		

**Typology of membership**

\_\_\_\_\_  
*Signature*