

EICAP membership - Admission form_Legal persons

to the President of the EICAP

The Entity _____

Full Address _____

Street Address _____ N. _____ City/Town _____ District/State _____ Post
Code _____

Tel.: _____ E-Mail: _____ Tax Code/VAT _____

ask to be admitted to EICAP as

Ordinary Member

Supporting Member

To this end she/he declares to know and agree with the EICAP bylaw

Location and Date _____

The legal representative of the Entity

Signature _____

N.B.

According to art. 13 of the legislative deed 96-30/6/2003 I agree with the use of data concerning the to the extent it is needed by the pursuit of the EICAP's goal

Location and Date _____

Signature _____