

**EICAP membership - Admission form**

to the President of the EICAP

The undersigned \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of birth: City/Town \_\_\_\_\_ State/Country \_\_\_\_\_

Current Job/Activity \_\_\_\_\_

Current Full Address

Street Address \_\_\_\_\_ N. \_\_\_\_\_ City/Town \_\_\_\_\_ District/State \_\_\_\_\_ Post  
Code \_\_\_\_\_

Tel.: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Tax Code \_\_\_\_\_

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 \_\_\_\_\_

Signature \_\_\_\_\_

N.B.

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

Location and Date \_\_\_\_\_

Signature \_\_\_\_\_