



## MEMBERSHIP FORM

Please complete this membership form and send it via e-mail or hand it over to one of the board members of the **ASSOCIATION AMBIKA**

### PERSONAL DATA

NAME	SURNAME	
PLACE OF BIRTH	DATE OF BIRTH	
ADDRESS	POSTAL CODE	CITY
PHONE NUMBER	MOBILE PHONE NUMBER	
FISCAL CODE	E-MAIL	

### MEMBERSHIP FEE

The **Association Ambika** suggests a single annual membership fee of **25,00 Euro** for each member.

### SUPPORT

In addition, I would like to:

- support the following project:
  - Project 1 (school uniforms and school books for the children)
  - Project 2 (current projects)
- receive regular information through your *mailing list*
- .....

Date

.....

Signature

.....



## AUTHORIZATION FORM FOR THE PROCESSING OF PERSONAL DATA

Herewith the undersigned

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Resident a

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### DECLARES

to have been informed, pursuant to art. 34 of Legislative Decree 196/2003 and art. 13 GDPR 679/16 on the protection of personal data:

- that the personal data provided when completing this request will be processed in compliance with current and applicable laws and regulations, with manual and automatic procedures for the sole purpose of pursuing the associative goals;
- that the data in question, except for specific expression of will in this sense, are not the object of communication and / or disclosure to third parties;
- that the data controller is the Ambika Association in the person of the President;
- who at any time can exercise the rights provided for by art. 7 of Law 196/2003 and art. 13 GDPR 679/16, including the right to obtain confirmation of the existence of data as well as their cancellation, by mail to [info@ambika.it](mailto:info@ambika.it);
- to consent with the present declaration to the processing of personal data, performed with the methods and for the purposes indicated above.

Date

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Signature

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