

To EffectUs Association's C.D.A.
Via dell'Acquedotto Alessandrino 101
00177, Rome, Italy
TAX Code 97836820585

INDIVIDUAL MEMBERSHIP APPLICATION FORM
(PLEASE WRITE IN CAPITAL LETTERS)

I
Born indate of birth..... /..... /.....
Resident in (street address).....
Post Code.....Town / City.....
Region / Country.....Nation.....
Phone number (with International prefix).....
E-mail.....
TAX Number/VAT.....

I hereby apply To the EffectUs Association for a membership as:

- ☐ Temporary Associate
☐ Standard PRO Associate
☐ Standard Student Associate
☐ Standard Amateur Associate

Terms and conditions

With this request, I commit to:

- The respect of the goals and the normative imposed by the statute of the Association for Show Business, and of any other decision taken by the competent Organs of the Association.
- The payment of the associative fee, as a result of this request's acceptance form the Competent Organs of the Association.
- A standard receipt will be issued when the form is returned completed and the payment of the association fee is made in full. As a non-profit organisation, VAT does not apply.

Date/...../..... Signature.....

I, moreover, give consent to my personal data's treatment following the 196/03 law of the Italian and the Association for Show Business legal code.

Signature for acceptance.....