

ENROLLMENT FOR THE FELLOWSHIP YEAR 201.../1... TO THE ASSOCIATION PROFESSIONE LIBRO

Membership request (please write in capital)

(Administration purposes only)	ID	CARD N°
NAME:		
SURNAME:		
PROFESSION:		
ADDRESS:		
ZIP CODE:	CITY:	DISTRICT:
COUNTRY:		
BIRTHDATE:	BIRTHPLACE:	
PHONE NUMBER (HOME):	PHONE NUMBER (WORK):	
FAX:	MOBILE:	
E-MAIL :		

- I would join the Association as Ordinary member for the fellowship year 201... /1...
- I consent my data will be entered into the official records and used for administration purposes, according to the Italian Privacy rule (n. 675/1996)
- I have paid the annual membership fee of 25 € (I attach copy of the payment quittance)

Membership is valid from September to August of the successive year, and entitles to:

- attend courses, workshops, join visits and trips, and members' meetings;
- take advantage of discounts at merchants
- receive the Newsletter and a copy of all that is edited by the Association (circulars, catalogues, post-cards).
- use the library by appointment

I have read and agreed with the Regulation articles and I undertake to respect the rules that conduct the fellows' behaviour.

Send this form with the copy of the payment quittance either by mail, fax or e-mail, to:

Associazione Professione Libro - Via Angelo Del Bon, 1 - 20158 MILANO – fax: +39 02 3760058 - info@professionelibro.it

Chosen method of payment:

- Cheque headed to Associazione Professione Libro (in €)
- Bank transfer to the account headed to Associazione Professione Libro
Banca Popolare di Sondrio – Filiale 052 Milano - Ag. 5, Via degli Imbriani, 54 - 20158 MILANO, Italy
IBAN: IT56 2056 9601 6040 0000 6255 X71- BIC/SWIFT: POSOIT2105S
- Cash
- International postal order headed to Associazione Professione Libro

Date Signature