

EU Transparency Register
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EUROPEAN FEDERATION FOR FREEDOM OF BELIEF - FOB MEMBERSHIP APPLICATION FORM

FAO Board of Directors of the Association,

Family name and First name

pla	ace of birth		
County/Country		date of birth	
cor	rrespondence address		Post Code
City	ty/Town Coul	nty/Country	
E-n	mail		
I hereby apply to join the association European Federation for Freedom of Belief - FoB as a member for the current year.			
To this end I hereby declare:			
	that I uphold and intend to implement the aims which I share both spirit and ideals too;	and objectives of	the Association, of
	that I am aware of the Statute provisions as well a I will duly comply with both the Statute provision Assembly of members decisions.		,
I also understand that the Association is governed by the Italian laws and I give my consent for the treatment of my data according to the relevant legislation on privacy protection, Art. 23 D.Lgs. 196 of 30/06/2003 (Data Protection Act 196/2003) and Regulation EU 2016/679.			
Sig	gned		
At _		On	