



MEMBERSHIP APPLICATION FORM

The undersigned

First and Middle Name _____

Surname _____

National Fiscal Code (if existing) _____

Born in _____ Date _____

Country (of birth) _____

Citizenship¹ _____

Residence address (including country and postal code)

E-mail _____

Seeks to become a member of the association De Componendis Cifris APS

- ☐ As regular member
- ☐ As young member (younger than 30)

The undersigned acknowledges that the “Consiglio Direttivo di De Cifris” (governing body) will vet the application.*

The undersigned declares:

- to have read completely the Association's Statute and to share its principles and goals, <https://www.decifris.it/assets/associazione/statuto.pdf>
- to comply with any duty coming from the Statute and from the Association regulations <https://www.decifris.it/regolamento>
- to pay the membership fee in accordance with <https://www.decifris.it/associarsi>

Date:

Signature:

** The membership application will be vetted by the Consiglio Direttivo, which will take a decision within 120 days since the application receipt.*

¹ A member must be a European Union citizen.

