



**ASSOCIAZIONE CULTURALE JARANGA ETS**

C.F. 95100060128 RUNTS n. 125063

[ass.culturalejaranga@gmail.com](mailto:ass.culturalejaranga@gmail.com)

[www.fraindi.com/associazionejaranga](http://www.fraindi.com/associazionejaranga)

**FAMILY SUPPORTER APPLICATION FORM**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

**I want to support the Associazione Culturale Jaranga as**

**Family Supporter: 35,00 EUR**

Annual validity 1 January – 31 December

Name and surname of the family members to be included in the “family membership”:

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I authorize personal data processing for the Association’s internal use only.

Place and date

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Signature

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**Payment method**

☐

Bank transfer: IBAN IT21T0623010802000047385174 BIC/SWIFT CRPPIT2P351

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PayPal: [ass.culturalejaranga@gmail.com](mailto:ass.culturalejaranga@gmail.com)

Please send this form to: [ass.culturalejaranga@gmail.com](mailto:ass.culturalejaranga@gmail.com)