



ASSOCIAZIONE CULTURALE JARANGA ETS
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ass.culturalejaranga@gmail.com ass.culturalejaranga@pec.it
www.fraindi.com/associazionejaranga

SUPPORTER APPLICATION FORM

First name _____ Last name _____
Place of birth _____ Date of birth _____
Street address _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Email _____

as the parent/legal guardian of the minor

First name _____ Last name _____
Place of birth _____ Date of birth _____

I want to support the Associazione Culturale Jaranga on behalf of the minor as

Wheel Supporter: 10,00 EUR Annual Validity 1 January – 31 December

Name of your favourite dog: _____

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

Place and date

Signature

Payment method

☐

Bank transfer: IBAN IT21T0623010802000047385174 BIC/SWIFT CRPPIT2P351

☐

PayPal: ass.culturalejaranga@gmail.com

Please send this form to **ass.culturalejaranga@gmail.com**.

Personal data are treated according to the Informative note pursuant to Articles 13 and 14 of EU Regulation 2016/679 for the protection of personal data (GDPR)