

The Board of Directors of the
ASSOCIATION "AMICI DELLA GALLERIA DELL'ACCADEMIA DI FIRENZE"

Via Ricasoli
58/60 - 50122
Firenze, Italia

REGISTRATION FORM - YEAR 2024

The undersigned

Name* _____ Surname* _____
Born on* _____ In* _____ Country* _____
Resident in* _____
Postal code* _____ Town* _____ Country* _____
Phone _____ Mobile _____ Fax _____
E-mail _____
Occupation _____ Tax Code * _____

*Mandatory field

asks to join the Association "Amici della Galleria dell'Accademia di Firenze" until 6 March, 2025
as a

☐ MEMBER / € 100 ☐ FOLLOWER / € 50 ☐ UNDER 28 / € 20

for this purpose, he/she declares to have read the Statute, to approve it in its entirety, and to share the principles and aims of the Association. Furthermore, he/she undertakes to contextually pay in cash the annual membership fee.

He/she also declares to hold the Association harmless from any liability for physical and/or financial damages which may result to the undersigned from the performance of the activities organized by the Association, if they are not a direct result of willful misconduct or gross negligence of the Association itself.

He/she declares to be aware that the acceptance of the registration request is subject to the approval of the Executive Council, according to the terms that will be notified to the undersigned by the Association at the above indicated address. In case of rejection of the request, the registration fee that the applicant may have paid will be refunded.

Place _____ Date _____ Signature _____

Information note under Legislative Decree no.196/2003 and subsequent amendments and additions. The applicant's personal data will be used, even with the help of electronic and/or automated means, exclusively for the development and management of activities related to the Association's purposes.

The Member has the right to access his/her data and request corrections, interaction and, in extreme cases, deletion and blocking.

Having read the information note, I authorize the processing and communication of my personal data according to the limits therein.

I authorize Signature _____

Ordinary members are published in a specific list on the Association's website.

I authorize Signature _____

All Members will receive the Association's newsletter.

I authorize Signature _____

The Association's communications will be sent via e-mail. Members who do not have an e-mail address, will receive them via SMS or phone.

The request to register as a MEMBER will be examined within a few days by the Executive Council and its decision will be notified to the applicant.

You can make payments to the Association "Amici della Galleria dell'Accademia di Firenze" at any time, on the current account at Banca CR Firenze | IBAN code IT94B0306902887100000005841