



MEMBERSHIP FORM "OFF-LINE"

**Mandatory field*

<i>First name*</i>		<i>Last Name*</i>		<i>Company</i>	
<i>Address*</i>		<i>Zip Code*</i>	<i>City*</i>	<i>Province</i>	<i>Country*</i>
<i>e-mail*</i>		<i>Phone</i>		<i>Mobile*</i>	
<i>VAT number</i>		<i>Tax code</i>			

Ask to join in IRHBA.

Membership fee for the current year	€ 50
Office Charge	€ 20
Total amount	€ 70

Payment: Bank transfer to IRHBA
IBAN: IT41C 01030 65700 0000 1011 2715 BIC: PASCITM1035
Please attach to this form the copy of the bank transfer and send to:
e-mail: office@irhba.com Fax: +39 0521 812423
IRHBA - Via Repubblica, 6 - 43056 Gainago di Torrile (PR) - Italy

By filling in and sending the membership form, you give your consent to the insertion of data in the EFRHA archive and their treatment under Article 13, D.L. 196/2003.

Place, date

Signature

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Notes
