



MEMBERSHIP FORM "OFF-LINE"

<i>First name*</i>	<i>Last Name*</i>	<i>Company</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Address*</i>	<i>Zip Code*</i>	<i>City*</i>	<i>Province</i>	<i>Country*</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>e-mail*</i>	<i>Phone</i>	<i>Mobile*</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>VAT number</i>	<i>Tax code</i>
<input type="text"/>	<input type="text"/>

*Mandatory field

Ask to join in IRHBA.

Membership fee for the current year

Office Charge

Total amount

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

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

.....

.....