READING RETREATS
IN RURAL ITALY

Membership Application Form

Please fill out this form and send it to **enrollments@readingretreats.com**.

Applicant Information

Name *

Surname *

Email *

Phone Number

Date of Birth *

Nationality *

Codice Fiscale *

Mandatory only for Italian citizens.

Address *

City *

Zip Code *

Country / State *

Payment Method

I will pay the 15€ membership fee using:

- [ ] Wire transfer
- [ ] Cash
- [ ] PayPal donation

Authorizations

- [ ] I have read and agree to the Statuto (Association Statute) *
- [ ] I consent to the processing of my personal data as per the Privacy Policy *
- [ ] I would like to receive the newsletter with updates and events

By submitting this form, you are requesting admission to the Association in accordance with its Statute.

Date:

Signature: