



APPLICATION FOR ADMISSION

I, the writer (Name-Surname) _____

Born in _____ date _____

Ask to be admitted as a member of the association AISPES.

To do this, I agree to the articles of association.

- Declare to be associated
- Not to be associated with others association with similar purposes or in any way connected to the culture of pepper and other solanaceous or dissemination of the culture of spicy.

Name other Associations: _____

Date _____ Signature _____

address _____

Zip code _____ City _____ State _____

Phone _____

Nickname for access to the reserved area _____

The amount of the membership fee _____ is Euro 20.00. The card expires 12.31. _____

For aged between 18 and 25 years, the amount is Euro 10.00

The card is send in PDF format via e-mail.

Send a copy of request to participate to:

iscrizione@aispes.com

The original form should be sent by post to:

AISPES

Via Statale 55/c

29010

Castelvetro Piacentino

Italy

It's also needed a copy of an identity document that can be sent by email or post together with the original of application of association.

The membership fee can not be transferred to third parties and is not refundable.

Information on the protection of personal data (DlG 196/03).

The personal data of the member shall be used for the fulfillment of legal obligations and communications to shareholders.

At any time, the member may request a cancellation by sending a request to AISPES by email to iscrizione@aispes.com

The delation of personal data implies the renunciation to join the association.

Pursuant to art. 23 of DlG 196/03 I agree to use my personal data as described above.

Date _____

Signature _____

Application for Association membership card accepted

Date _____ Nr. _____

Signature of the President