

# TESOL ITALY MEMBERSHIP FORM

Please fill out this form in block letters

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

Fiscal Code/SSN/NIN \_\_\_\_\_ Address: \_\_\_\_\_

Zip Code and City \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

School/Institution (Type, Name, Address and Tel.): \_\_\_\_\_

Mother tongue: \_\_\_\_\_ - Teaching Experience : \_\_\_\_\_ years - TESOL Italy member since : \_\_\_\_\_

Attendance at TESOL Italy Seminars: \_\_\_\_\_ (which year/s)

## 2020 TESOL Italy Membership Dues

- € 30,00 Ordinary Members
- € 20,00 University Students under 30
- € Supporters, Schools, Universities, Agencies
- € 15,00 2020 E. T. FORUM SUBSCRIPTION

### INFORMATIVA AI SENSI DEL D.Lgs. 196/2003 modificato dal D.Lgs. 101/2018

I dati richiesti per l'iscrizione all'Associazione TESOL Italy saranno trattati ai sensi del D.Lgs. 196/2003, modificato dal D.Lgs. 101/2018. The personal data submitted for membership in the Association TESOL Italy will be dealt with in accordance with the Legislative Decree n. 196/2003, modified by Legislative Decree n. 101/2018.

- do il consenso al trattamento dei dati personali
- non do il consenso al trattamento dei dati personali

Per presa visione / Read and accepted,

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Data/ Date, .....

Postal Account N° 15774003, TESOL Italy - Via Boncompagni 2 - 00187 Roma.

Please: a) while filling out the postal form, write your name and address clearly and state the reason for payment on the back; b) return a copy of your receipt to TESOL Italy office by mail or fax ([tesolitaly@gmail.com](mailto:tesolitaly@gmail.com); 06 4674 2478). You can also pay by bank transfer:

from Italy IBAN: IT71 Z076 0103 2000 0001 5774 003; from abroad: BIC/SWIFT: BPPIITRRXXX.