

# **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)

## **2018 TESOL Italy Membership Dues**

- € 30,00     **Ordinary Members**
- € 20,00     **University Students**
- € 65,00     **Supporters, Schools, Universities, Agencies**
- € 15,00     **2018 E. T. FORUM SUBSCRIPTION**

### **INFORMATIVA AI SENSI DEL REGOLAMENTO UE 679/2016 (GDPR)**

I dati richiesti per l'iscrizione all'Associazione TESOL Italy saranno trattati ai sensi del D.L.vo 196/2003 e del regolamento UE 679/2016. The personal data submitted for membership in the Association TESOL Italy will be dealt with in accordance with the Italian Law no. 196/2003 and European Rule no. 679/2016.

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

Per presa visione / Read and accepted,

.....

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.**