

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: Phone:

Fax: E-mail :

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

Mother tongue: Years of Teaching Experience: 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 D.L.gvo 196/2003

I dati richiesti per l'iscrizione all'Associazione TESOL Italy saranno trattati ai sensi del D.L.gvo 196/2003.

The personal data submitted for membership in the Association TESOL Italy will be dealt with in accordance with the Italian Law no. 196/2003

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 (06 4674 2478). You can also pay by check or by bank transfer (from Italy: Banca Nazionale del Lavoro - Agenzia Bissolati Roma – IBAN IT08 Z010 0503 2000 0000 0099 161; from abroad: Swift/BIC BNLIITRR)