

Translation of the application form, in order to help you to understand what you are signing. **As the Society is in Italy, the correct form to complete is the Italian one.**

## MEMBERSHIP APPLICATION FORM

**to complete with the data of one of the parents:**

The undersigned (surname and name): .....

born in: city..... Country ..... on .....

address: street ..... No .....

CAP ..... City ..... Province .....

Fiscal code ..... Nationality .....

Tel. .... mobile .....

e-mail .....

### REQUESTS

membership of the Cooperativa della Scuola Europea di Varese (COMSEV) and confirms payment of **35,00** € (25,00€ for the purchase of one share (membership fee) + 10,00€ for application fee) by means of

A bank transfer to the Unicredit bank, Varese Branch,

- IBAN IT38C0200810800000041309214 BIC ..... SWIFT UNCRITM1380

For payments from a SWISS ACCOUNT please make a transfer to the CREDIT AGRICOLE ITALIA:

- IBAN IT14 Y 06230 10802 0000 47072350 BIC/SWIFT CRPPIT2P

Or in the office with Credit card (Visa or Master) or Bancomat

Declares himself/herself qualified for membership as:

- Parent or guardian of a pupil/pupils of the European School of Varese
- A pupil of the European School of Varese over 18
- A member of the staff of the European School of Varese

**to ACCEPT** all conditions of COMSEV's operation as outlined on [www.comsev.eu](http://www.comsev.eu).

As specified in the STATUTE, which I have consulted on the website [www.comsev.eu](http://www.comsev.eu), in the case of non-acceptance of the application, the membership fee will be returned to me within 30 days of the decision of the Board of Administration of the COMSEV.

**On acceptance of the application, I will receive a confirmation by email.**

In case of forfeiture of the status of member I have **three months** to make a written request for the refund of my membership fee.

**In attachment** is the consent form for data processing for each child.

**PRIVACY INFORMATION:** I declare that I have read the information for the processing, communication and dissemination of ordinary personal data concerning me and my family members, within the limits indicated in the information on the site COMSEV and I declare that I am aware of my rights under Article 7 of the above-mentioned EU Regulation no. 2016/679.

Varese (date) .....

Signature .....