

# Membership application form Year 2024

Mittelab APS  
via Molino a Vento 154/A,  
34137 Trieste  
info@mittelab.org

Full name

Address (e.g. via Molino a Vento, 154)

City (e.g. Trieste)

State (e.g. TS)

ZIP (e.g. 34137)

Country (e.g. Italy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Birth place (e.g. Trieste)

Birth date (e.g. 31/12/2023)

<input type="text"/>	<input type="text"/>
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Italian tax code (if applicable, e.g. R5SMRA85T10A562S)

Phone number (e.g. +39 123 4567890)

<input type="text"/>	<input type="text"/>
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Email (e.g. mariorossi@mail.it)

Desired username (e.g. mario.rossi55)

<input type="text"/>	<input type="text"/>
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### I hereby declare that

- I have read the Statute and Guidelines that apply at Mittelab, registered as "Associazione di Promozione Sociale" (association for social development). I understand the Mittelab's goals and accept its guidelines.
- I consent for my personal information to be processed lawfully within Mittelab.

You have the right to access, modify or erase your personal information, as well as revoke the consent to data processing (according to Italian Law Decree 196/2003); any request in that direction will be served with no obstruction.

### Only for minors:

Full name of parent

The undersigned, as parent exercising parental authority over the minor subject of the application for membership, gives their consent to the membership of the minor to the association Mittelab APS and to carrying out the activities according to the association's programs.

Today's place and date (es. Trieste, 31/12/2023)

Signature (member or parent)



### To be filled by the administration:

Member no.	Membership fee	Delivered to	Date
<input type="text"/>	€ <input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative body ruling		Details	
<input type="checkbox"/> admitted <input type="checkbox"/> not admitted		<input type="text"/>	