MODULO DI ISCRIZIONE-RINNOVO CIL **EN**

I accept the provisions of the by-laws : ( ) I accept
I accept ENCI rules : ( ) I accept
Association :
( ) review
( ) new member
Name : ……..
Surname : ……..
Gender :
( ) man
( ) woman
Address : ……..
Postal code : ……..
City : ……..
Country : ……..
mobil phone nr : ……..
Email : ……..
Repeat email : ……..
Birth date : ……..
Birth place : ……..
Pagament made in the date of : ……..
I want to get my membership-card by :
( ) e-mail
( ) mobil phone
( ) both
I agree to receive CIL communications :
( ) I agree