

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 version.**

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 **CREDIT AGRICOLE** : IBAN IT14 Y 06230 10802 0000 47072350
BIC/SWIFT **CRPPIT2P**

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

ATTENTION: for payments from foreign accounts we ask you to set up the transfer with charges to be paid by the sender

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 years
- 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.

As specified in the STATUTE, which I have consulted on the website 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.

Varese (date)

Signature