



**To Gruppo Entomologico Toscano
at Reparto di Entomologia “E. Calabresi”
Museo di Storia Naturale dell’Università degli Studi di Firenze
Via Romana 17, I-50125 Florence (ITALY)**

MEMBER SUBSCRIPTION APPLICATION

Family name _____ name _____
birthplace _____ date of birth _____
mailing address _____
ZIP code _____ City _____ State _____
Telephone _____
E-mail _____
groups of interest (optional) _____

affiliation (optional) _____

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| AUTHORIZATION FOR MINORS ON THE DATE OF SUBSCRIPTION (TO BE COMPILED BY PARENT OR GUARDIAN): Name and last name _____ Date of birth _____ Birthplace _____ Address _____ Telephone _____ as parent or guardian of the minor _____ Parent/guardian signature _____ I hereby give permission, under my responsibility, to the aforementioned to apply for membership at the non-profit association Gruppo Entomologico Toscano (GET) and I have read and agreed to the terms and conditions (Statuto and Regolamento) |
|---|

requests admission to the Gruppo Entomologico Toscano (GET) as recognized member:

Junior Member
(under 30 years)

Ordinary

Supporter

Fees: Junior Member 10 €, Ordinary 20 €, Supporter 80 €.

I hereby declare to have reviewed and agreed to the terms and conditions (Statuto and Regolamento) of the GET as provided by their official website (www.gruppoentomologicotoscano.it) and intend to respect them in whole. I consent (articles 11, 13 and 20 - D.L. 196/2003 “Codice in Materia di protezione dei dati personali”) to the use of any personal data here provided at the discretion of GET for institutional and/or instrumental purposes.

Location and date _____

Signature _____