

APPLICATION FORM to be filled in and sent by e-mail to the GIROS Secretariat (segreteria@giros.it)

The undersigned (surname) (name)

Born in (locality, State) on (day, month, year)

Fiscal Code.....

Resident in (address, locality, State)

Email address

(Mobile)

phone

as a passionate about hardy orchids, **ASKS TO JOIN THE G.I.R.O.S.**

- He /she declares to observe the GIROS Statute as well as the rules issued by the competent Corporate Bodies and to pursue the associative purposes.

- He / she undertakes to promptly notify of any rectification, variation and / or integration of his / her data.

- Following the associative relationship established with the GIROS, he / she declares to have read the privacy policy published on the appropriate page of the association's website (www.giros.it), therefore confirms that it has received complete information on the treatment of his / her personal data, given in order to join the association, pursuant to the Code regarding the protection of personal data (Legislative Decree 196/2003), updated with the new legislative decree (Legislative Decree 101/2018) to adapt to the European privacy regulation (EU Reg. no. 679/2016, GDPR), and he / she expresses his / her consent to their treatment for the purposes and duration specified in the aforementioned information.

- He / she is informed that he / she has the right, at any time and completely free of charge, to consult, modify or cancel his / her data, within the limits indicated in the information, by a simple email request to the Secretary (segreteria@giros.it), responsible for the treatment Group data.

DATE

SIGNATURE.....

The registration fee was paid through by BANK TRANSFER to G.I.R.O.S. (Gruppo Italiano per la Ricerca sulle Orchidee Spontanee) IBAN : IT60 O 08399 60520 000000196857 BIC(SWIFT) : ICRAITRRB30 please indicate in the reason: new member year (please attach the receipt of the payment)