

Enclosure 2

COMPANY/AUTHORITY HEADED PAPER

“ASSOCIAZIONE TESSILE E SALUTE-IMPRESA SOCIALE” REGISTRATION FORM

ASSOCIAZIONE TESSILE E SALUTE-IMPRESA SOCIALE
CORSO PELLA 2
13900 BIELLA – BI –

Name of Company/Authority _____

Address _____

Name of Legal representative _____

Date and place birth _____

Address _____

Applies for ordinary membership of “Associazione Tessile e Salute-Impresa Sociale”

And hereby certifies

- To have read and understand the charter of “Associazione Tessile e Salute”
- To understand that admission to our Association is subject to full payment of the membership fee
- To understand that membership to our Association will start when payment is received.

COMPANY STAMP AND SIGNATURE

DATE