

Adult Enrolment n° _____



Mediateca Multilingue
Merano
Sprachenmediathek
Meran

The undersigned hereby requests to be enrolled at the Multimedia Language Centre

Surname _____ Name _____

Place of birth _____ Date of birth ____ / ____ / ____ Sex M ☐ F ☐

* Identity document _____ nr. _____

* Fiscal code _____ *** Please enclose a copy of the identity document and fiscal code**

Residence: City _____ Province _____ Postcode _____

(street) _____ N° _____

Domicile: City _____ Province _____ Postcode _____

(street) _____ N° _____

Telephone n° _____ E-MAIL: _____ @ _____

(in block letters)

The undersigned states following e-mail as personal digital address:

_____ @ _____ to be used as exclusive address
for every type of communication, while committing to keep it functioning and to communicate any relative change.

USER GROUP

☐ High school student

☐ University student

☐ Teacher

☐ Employee

☐ Self-employed worker

☐ Housewife

☐ Pensioner

☐ Other _____

NATIONALITY

☐ Italian

☐ European Union

☐ Other _____

I wish to receive the newsletter

☐ Yes ☐ No ☐ I am already a subscriber and receive the newsletter regularly

The undersigned hereby declares to have read the information about the protection of personal data in accordance to EU regulation 2016/679 and the rules governing access to the library services and agrees to comply with all their aspects

(see the text online: www.provincia.bz.it/multimedialanguagecentre/languages-services).

Date _____

Signature _____

Person authorized to process personal data _____