

Registration form for the year 2024

SURNAME _____ NAME _____

Place and date of birth _____

Street Postcode _____ City _____ PR _____ State _____

VAT tax code _____

E-mail _____ Tel. _____ Cell. _____

Having read the Statute of the Association I REQUEST TO BE ADMITTED AS:

Δ Supporting Member _____ € 30.00

Δ Ordinary Member, in training at _____ € 50.00

Δ Qualified Member, trained at _____ for a total of hours _____ € 120.00

Δ - Instructor Member, at _____ € 220.00

I declare that the above data corresponds to the truth and I am aware of the consequences provided for by art.76 Presidential Decree 445/00 in case of false or mendacious declarations.

I am informed that membership expires on December 31st of each year and that after this date, unless renewed, the benefits deriving from my membership of the association cease and I assume responsibility for any damage caused by delays in making payment ; I am also aware that membership of the A.C.I. involves the automatic acceptance of the rules and regulations.

Sending to the A.CS.I secretariat. attached to an email:

Δ - This application completed in its entirety

Δ - Photocopy of the certificate (if new member)

Δ - The attestation for data processing (privacy) completed and signed in its entirety

Δ - Declaration of refresher courses (when requested by the secretariat)

Δ - Copy of an identity document

Δ - Copy of the bank transfer for ordinary members and supporters (qualified members and instructors must wait for the ok of the secretariat)

Data for the payment of the membership fee

Δ - online bank transfer at this link: <https://www.acsiceranosacrale.it/versamento-contributi-soci/>

Δ - bank transfer to: A.CS.I. (Italian Craniosacral Association) at the Banca Popolare Etica

IBAN code: **IT70 L050 1801 6000 0001 1236 676**

Place and date _____ Signature for acceptance _____

Declaration of refresher courses

Δ - I completed the biennial refresher hours in this way (Qualified members 20 hours – Instructors 40 hours):

- I attended the course/seminar on _____ at for a total of hours _____

- I attended the course/seminar on _____ at for a total of hours _____

**If you have not taken refresher courses, you must contact the secretariat before making the payment:
tel. 348 998 3625**

I declare that the above data corresponds to the truth, I am aware of the consequences provided for by art. 76 Presidential Decree 445/00 in the event of false or misleading statements.

Place and date _____ Signature for acceptance _____

Information pursuant to Legislative Decree no. 196 of 06/30/2003; EUROPEAN REGULATION 2016/679 and subsequent Ministerial Decree 101/2018

The Association will process your personal data in compliance with EU Regulation 2016/679 and current national laws exclusively for the social purposes contained in the Statute and regulations of the A.C.I. Association. (Association Craniosacral Italia), for the management of the associative relationship, and in particular for:

- *correspondence and traceability of members, convocation of meetings*
- *the payment of membership fees*
- *the fulfillment of legal obligations*
- *the communication of your contact details to potential customers (optional)*
- *the publication of your contact details on the A.C.S.I. Member Register. Qualified/Instructors in Craniosacral, (optional - reserved for qualified members and instructors)*
- *sending the association's newsletter and communications on social initiatives (optional)*

The data processing will be carried out and the data stored by authorized persons, in paper and electronic form.

The data will not be communicated to third parties nor will they be disseminated, except in the ways explicitly accepted.

The indication of the name, date of birth, address, telephone number and email is necessary for the management of the associative relationship and for the fulfillment of legal obligations. The provision of other data is optional, but could be detrimental to the use of some services offered by the Association.

The collected data will be kept at the operational headquarters of the Association by the manager, Mrs. Luisa Brancolini.

Rights of the interested party. As an interested party, you are guaranteed all the rights specified in the art. 15 GDPR, including the right to access, rectification, cancellation, limitation and opposition to the processing of data, to revoke consent (where given) to the processing (without prejudice to the lawfulness of the processing based on the consent acquired before the revocation), to propose

complaint to the Guarantor for the Protection of Personal Data. The exercise of rights can be exercised by communication written to be sent to segreteria@acsicraniosacrale.it or by registered letter with return receipt to the operational headquarters of the Association.

Duration of data storage: the data will be stored for the duration of affiliation with the Association, if not otherwise indicated by law.

The data controller is Mrs. Luisa Brancolini, domiciled in Pietrasanta (LU), Via Monte Gabberi, 4.

Place and date _____ Signature for acceptance _____

Optional consents
(not detrimental to registration with the A.CS.I. - Italian Craniosacral Association)

I consent to the communication of my contact details to potential customers. I can revoke this consent at any time via email communication to segreteria@acsicraniosacrale.it

Yes - No

Place and date _____ Signature for acceptance _____

I consent to the publication of my contact details on the A.CS.I. members register. Qualified/Instructors in Craniosacral, (optional - reserved for qualified members and instructors). I may revoke this consent at any time via email communication at segreteria@acsicraniosacrale.it

Yes - No

Place and date _____ Signature for acceptance _____

I give my consent to receive the Association's newsletter at the e-mail address provided by me. I will be able to revoke this consent at any time via email communication to segreteria@acsicraniosacrale.it

Yes - No

Place and date _____ Signature for acceptance _____

I consent to receiving reminders and communications relating to the social activities I attend at my email address released. I may revoke this consent at any time by email to the address: segreteria@acsicraniosacrale.it

Yes - No

Place and date _____ Signature for acceptance _____

I consent to receiving communications and information on scheduled association activities at my email address released. I may revoke this consent at any time by email to the address: segreteria@acsicraniosacrale.it

Yes - No

Place and date _____ Signature for acceptance _____

Photographic release

In order to promote the social activities of the Association, I authorize the A.C.I. Association. (Italian Craniosacral Association) to reproduction and publication of photographic and/or audiovisual material relating to social initiatives and events, containing the my image on websites, social networks and in magazines or paper publications. The pose and use of images are from be considered to be carried out completely free of charge and in a totally correct manner. I can revoke this consent at any time moment via email communication to segreteria@acsicraniosacrale.it

Yes - No

Place and date _____ Signature for acceptance _____

I agree and authorize A.CS.I. to publish in the A.CS.I. Member Register. Qualified/Instructors in Craniosacral, the following personal data (only for qualified members and instructors):

Surname and name..... Region CityProvince.....

Tel./cellemail.....

Website

Place and date _____ Signature for acceptance _____

- At any time it is possible to carry out checks, modifications, cancellations of the data and authorizations granted. I am informed that each request may entail an expense contribution not exceeding the costs actually incurred.