



INTERNATIONAL CATHOLIC CHARISMATIC REVIVAL ICCR

Via San Marino, 16 - 87020 Guardia Terme Piemontese (CS)

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Membership Application Form

I: _____, the undersigned, with legal age, freely and willingly request to be admitted as a member of ICCR Family APS. In making this application, I declare my desire to share and support the vision, mission, and advocacy of the Association, promising to remain faithful to the sole activities of the ICCR Family charism, renouncing affiliation with other groups, and committing myself to sustain the advocacy of ICCR Family with my resources freely and voluntarily, without obligation, according to my possibilities. I pledge to respect the Commandments of God and to live in fraternity with my brothers and sisters in accordance with the charism of the ICCR Family, so that all may glorify God in His divine will. I accept the Statute and internal regulations of ICCR Family APS and pledge to uphold them with integrity, recognizing that membership is personal, non-transferable, and that contributions are non-refundable. I understand that membership may cease in cases provided by the Statute, including resignation, exclusion for misconduct or inactivity, and I acknowledge that I am free to renounce my membership with a valid reason, subject to approval by the Board of Directors, without pretending any restitution or compensation given in case of renouncement from my office or membership.

In compliance with EU Regulation 2016/679 (GDPR) and Italian privacy law, I declare that I have been informed that my personal data will be collected and processed exclusively for purposes related to membership management, statutory obligations, and communication of ICCR Family APS activities. My data will not be disclosed to third parties except as required by law or for statutory compliance. I may exercise my rights of access, rectification, cancellation, limitation, and opposition by contacting the Association's legal representative. I consent to the processing of my personal data for the above purposes and may choose whether or not to receive communications regarding ICCR Family APS activities and initiatives.

Place/ Date: _____

Name: _____

Signature of Applicants: _____