International Catholic Charismatic Revival - ICCR

Sede legale: Via San Marino, 16 - 87020 Guardia Piemontese Terme (CS)
CF/P.Iva 03996690784; Founder Rev. Fr. Bobby Calunsag
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Banco Posta CC/ 001081940379 - IBAN IT11O0760116200001081940379
www.iccrfamily.org

MEMBERSHIP REGISTRATION & COMMITMENT FORM – ICCR FAMILY APS

(Social Promotion Association)

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

Tax Code / P.IVA: 03996690784

The data collected will be processed in full compliance with EU Regulation 2016/679 (GDPR) exclusively for the institutional and administrative purposes of the Association.

1. PERSONAL DETAILS

- **First Name: _____**
- **Last Name: _____**
- **Date of Birth (DD/MM/YYYY): ____ / ____ / _____**
- **Place of Birth: _____ Province/State: _____**
- **Tax Code (Codice Fiscale) / ID Number: _____**
- **Nationality: _____**

2. RESIDENCE & CONTACT INFORMATION

- **Residential Address: _____**
- **City: _____ ZIP/Postal Code: _____ Prov/State: ___**
- **Country: _____**
- **Mobile Phone (including country code, e.g., +39): _____**
- **E-mail: _____**

3. FELLOWSHIP & SERVICE AVAILABILITY

- **City / Local Chapter Reference: _____**
- **In which areas/charisms would you like to contribute (Talent, Treasure, Time)?**
  - [ ] Prayer / Intercession / Liturgy
  - [ ] Music / Choir / Praise Ministry
  - [ ] Welcoming / Logistics & Events

- [ ] Communication / Social Media / Graphics
- [ ] Service & Assistance to those in need (poor, elderly, vulnerable youth)

4. STATEMENT OF COMMITMENT & MONTHLY CONTRIBUTION (Art. VI of the Bylaws)

By submitting this application to join **ICCR Family APS**, the undersigned declares to fully share its mission, vision, and Bylaws. Aware of the importance of co-responsibility and mutual support to sustain our social utility and community activities, the undersigned hereby expresses their consent:

(Please mark with an X)

- [ ] **YES, I AGREE** to regularly support the activities and projects of ICCR Family APS, committing to pay the annual dues of **€ 20.00** (twenty/00 euros), in accordance with the procedures established by the Association's central administration.

Note: As provided by Art. VI of the Bylaws, this contribution is an act of co-responsibility and love toward the ICCR family, dedicated exclusively to covering operational costs and pursuing civic, solidary, and charitable purposes (assistance, training, and support for those most in need).

Preferred Payment Method:

- [ ] Bank / Postal Transfer (to the official national bank account held by ICCR Family APS)
- [ ] Recurring payment / Cash with official receipt at the local office

PRIVACY CONSENT (GDPR)

The undersigned hereby consents to the processing of the personal data provided in this form solely for purposes related to the management of the membership, internal communications, and the accounting of the contributions made.

Date: ____ / ____ / _____

Legible Signature of the Applicant: _____

Space Reserved for the Board of Directors

- Application received on: ____ / ____ / _____
- Board Resolution: [ ] Accepted [ ] Rejected on date: ____ / ____ / _____
- Member Registry Number: _____
-

Signature of the President / Secretary General: _____

Signature of the President / Secretary General: _____