

**FORM TO BECOME A SUPPORTING MEMBER**

I .....(First and last name) born in .....(city, state, country) on.....(date of birth), as ..... (president, CEO, group leader or similar) of ..... (name of the association/charity or similar) located in.....(location of the association)

**REQUEST TO**

Be affiliated to Hub for Kimbondo as a supporting member and to be able to participate to the activities of Hub for Kimbondo-coordinating organism for the Pediatric Foundation of Kimbondo.

**STATE TO**

- be aware and agree of the Hub for Kimbondo’s Statement
- get involved with his Association/charity/found in supporting the activities of the Fondazione Pediatrica di Kimbondo following the coordination of Hub for Kimbondo
- agree on the art.12 of the Statement of Hub for Kimbondo

**ATTACH**

The Association organization plan and other attachments required

**COMMIT TO**

Update periodically the information in the attached Organization plan in case of variations in the activities of the Association and in the affiliated organisms and to send to Hub for Kimbondo a yearly balance report for the expenses incurred an donation received in reference to Hub for Kimbondo

In witness whereof

Sign ..... Print name .....

.....(location), ..... (day/month/year)

I am aware for the art.13 of D.lgs 196/2003 of the Italian constitution, that my personal data will be utilized form Hub for Kimbondo (also in internet) for the statutory objectives.

Signature below give the consent to use my data for the art.23 of D.lgs. 196/2003.

Sign.....

Reserved to HFK

Acceptance/refuse of the strategy board.

Resolution fo admission as supporting member on ..... and inscription in Supporting member book as n°.....