ASDEC - MEMBERSHIP APPLICATION FORM

Associate Member

Surname.....

Name .....

Address.....

Postal code.....Town.....

Telephone Number.....Mail…….....

▪ I own a vintage boat (launched over 25 years ago):

Yes **O** No **O** Sails **O** Engine **O**

▪ I also own a classic boat (launched over 25 years ago):

Yes **O** No **O** Sails **O** Engine **O**

Shipyard	Model	Year of Construction
Centerboard	Bulb	Fink Keel
Engine	Model	Year of Construction

I would like to become an Associate *Member* of the ASDEC Association as and I agree to pay the amount of 80,00 Euros for the Annual Association Fee by:

For your convenience payment can be made in any of the following ways:
By bank transfer: Account No. n° 100000124488: Associazione Scafi d'Epoca e Classici
IBAN: IT31K0335901600100000124488 - BIC: BCITITMX
Banca Prossima, filiale di Milano - 20121 - Piazza Paolo Ferrari 10.
In the name of : Associazione Scafi d'Epoca e Classici.

I attach my nautical Curriculum.

Date ..... **Signature .....**

Associazione Scafi d'Epoca e Classici - Registro Storico Nautico
20122 Milano - Via Melegari, 1 - Tel. 02/76.01.39.88 - Fax 02/76.00.27.51 - www.asdec.it - e-mail: segreteria@asdec.it