



**APPLICATION FORM**  
REQUEST FOR MEMBERSHIP IN "ASSOCIAZIONE DI PROMOZIONE SOCIALE QUINTAL"

Name of applicant to partner:

If the applicant is a minor, name of the legal guardians:

Main activity (artist, researcher, holder of intangible heritage, public manager, etc.):

Country of origin:

Identification document number (passport, ID card, .....):

Contacts

Full address:

Email:

Telephone:

Short description containing the reasons that led the applicant to request his association with the Quintal:

LOCAL \_\_\_\_\_, DAY \_\_\_\_\_ / \_\_\_\_\_ MONTH \_\_\_\_\_.

SIGNATURE

---