



FEDERATION INTERNATIONALE  
CINEMA TELEVISION SPORTIFS



## FICTS MEMBERSHIP FORM 2011/2012

Independently of Festival participation, it's possible to become a FICTS Member adopting the following procedure:

- A. Complete the present **Membership Form**.
- B. Pay the **Membership Fee** directly via FICTS website <http://www.sportmoviestv.com/festival> or via bank wire at Federation Internationale Cinema Television Sportifs (**within September 5<sup>th</sup>, 2011**):

Account Number: 18.500.13  
 Account Holder: FICTS - Organizing Committee  
 Bank: Monte dei Paschi di Siena (Agency 3)  
 Address: via Mazzini, 7 - Milano (503)  
 ABI 01030  
 CAB 01603  
 Swift Code: PASCIT MM MIL  
 IBAN Code: IT 29X 01030 01603 000001850013

New Member

Renewal 2011

- |  |            |       |
|--|------------|-------|
| <input type="checkbox"/> National Olympic Committees/ IOC Members/ International Federations | Card FICTS | free  |
| <input type="checkbox"/> For the participants to "SPORT MOVIES & TV 2011"                    | Card FICTS | free  |
| <input type="checkbox"/> For the participants to the past "SPORT MOVIES & TV" edition        | Card FICTS | € 100 |
| <input type="checkbox"/> Individual Member   | Card FICTS | € 100 |
| <input type="checkbox"/> Non Profit Collective Member  | Card FICTS | € 150 |
| <input type="checkbox"/> Collective Member   | Card FICTS | € 300 |

*P.S.: bank charges at subscribers' liability.*

- C. Send back the present Form with **1 picture (cm 3x3)** and the receipt of the payment to the following address:  
 FICTS – GENERAL SECRETARIAT  
 Via De Amicis, 17  
 20123 Milano, ITALY  
 Fax: 02-8375973 - -email: info@ficts.com

### FICTS Form

*(please write in capital letters)*

Name of the Organization .....

Name .....

Last name .....

Place and date of birth .....

Title .....

#### Address (Business)

Street ..... N .....

Zip Code ..... Town .....

Nation ..... Phone ..... / .....

Fax ..... E-mail .....

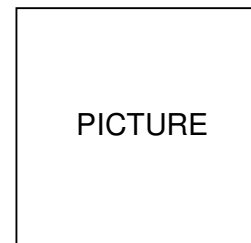
#### Address (Home)

Street ..... N .....

Zip Code ..... Town .....

Nation ..... Phone ..... / .....

Fax ..... E-mail .....



*Signature*

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