

Membership Form

We are delighted that you have chosen to join our Pilates community. By becoming a member, you gain access to our Reformer Pilates classes, workshops, and events. Please fill out the form below to complete your membership application. Your membership will be valid from November to November.

Personal Information

• Name:
• Date of Birth:
• Address:
• City/Province:
Postal Code:
• Phone Number:
• Email Address:
Codice fiscale:
• ☐ Individual Membership (20 € annual fee) • ☐ Family Membership (20 € annual fee per family)
Membership Agreement
• I, the undersigned, apply for membership with Associazione Sportiva Dilettantistica Oasis Pilates Firenze I confirm that I have read and agree to abide by the bylaws and principles of the association.
• I acknowledge that the membership is valid from November to November and that it will not automaticall renew . It must be renewed manually each year with further action on my part.
• I understand that membership allows me to purchase class packages and attend paid workshops and events organised by the association.
• I agree to follow the policies regarding class cancellations and changes as described on the website.
Emorgonov Contact
Emergency Contact
• Name:
• Phone number:
• Relation to Member:



Payment Information

Please note that the membership fee of 20 € must be paid upon submission of this form. Payment can be made via bank transfer or in person at the Studio (credit/debit card only). However, please ensure the membership fee is paid in advance, as no Session may be attended without first becoming a member.

Bank Transfer Details:

• Account Holder: Associazione Sportiva Dilettantistica Oasis Pilates Firenze

• **IBAN:** IT13J0326802800052122836910

Bank Name: Banca Sella S.p.A.SWIFT/BIC: SELBIT2BXXX

• Subject of Transfer: Membership Oasis Pilates Firenze

If paying via bank transfer, please include "Membership Oasis Pilates Firenze" as the subject of the transfer to avoid any delays in processing your membership.

Privacy Policy & GDPR

- I consent to the processing of my personal data in accordance with the GDPR and the privacy policy of Oasis Pilates Firenze for the purpose of membership registration and communication regarding classes, workshops, and events.
- I understand that my data will not be shared with third parties and will be used solely for the purposes of managing my membership with the association.

Date:	Signature: