

APPLICATION FORM

Please send to: BIANCHINA CLUB -
 SEGRETERIA NAZIONALE
 Via Castello 13
 37060 CASTEL D'AZZANO (VR) -
 ITALY



Date _____

SURNAME			DATE OF BIRTH		
NAME			E-mail		
ADDRESS				NO.	
CITY				CITY CODE	
TEL.	BUSINESS TEL.	FAX			
AUTOBIANCHI		BIANCHINA MODEL		PLATE NUMBER	
TYPE		YEAR 19		EXTERIOR COLOURS.	
CHASSIS NO.		MOTOR NO.		INTERIOR COLOURS.	
CONDITION: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RESTORED <input type="checkbox"/> TO BE RESTORED				NOTE	
Others Bianchina Cars or others old vehicles or motorcars	year 19	chassis no.	motor no.	plate number	
	19				
	19				
<p>COLOUR PHOTO of all my BIANCHINA cars (cm. 10X15) front wiew (NO POLAROID)</p>					
I'M ALSO MEMBER OF THE FOLLOWING CLUBS :					
DON' FILL For Office use only SO = Socio Ordinario SS = Socio Sostenitore			<input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008		TESSERA BIANCHINA CLUB n°
			<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		ISCRITTO AL REGISTRO n°

In compliance with 196/2003 italian law we inform that your name will be registered in our data bank. If you don't want, please write "no" in the right →