Respectable

Chamber of …

Referent:

**Membership application of “True Italian Taste” network**

I the undersigned [*name & surname*] as owner/legal representative of the company/sole proprietorship [*name of company/ sole proprietorship*], identification No. of sole proprietorship [……] owner of the store [*store name*] located in [*complete address*]

ASK

FOR THE MEMBERSHIP FO TRUE ITALIAN TASTE NETWORK

WITH THE FOLLOWING STORE

|  |  |
| --- | --- |
| STORE | Name: |
| Address: |

AND DECLARE THAT

* I have taken a look at the Regulation of True Italian Taste network’s membership
* All the data given in the attached membership form is compliant with the truth and I pledge to communicate timely each change of it
* I am aware of- and agree from now on- that the Chamber will carry out the not programmed visits to the store for checking the truthfulness of information given in the form of membership.

It is attached the filled membership form.

Date,…..

Sincerely,

|  |
| --- |
|  |