**PRE-ADESIONE AZIONE DI TUTELA LEGALE –SCHEDA DA COMPILARE**

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| **COGNOME** |  | | | |
| **NOME** |  | | | |
| **RUOLO/Profilo appartenenza** |  | | | |
| **LUOGO DI NASCITA** |  | Provincia: | **DATA DI NASCITA** |  |

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| **RESIDENZA: CITTÀ E PROV.** |  | **PROV.** |  |
| **RESIDENZA : VIA E NR.** |  | **NR.** |  |
| **CELLULARE** |  | | |
| **E-MAIL** |  | | |
| **MOTIVAZIONE** |  | | |

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| **CODICE FISCALE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Data, Firma