

# Loyalty Card Application Form

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Surname:

First Name:

Sex:  Male  Female

Date of Birth\*:

 Year  Month  Day

Address:

Phone number\*:  -  -

E-mail address\*:

I accept to receive information material from AHA – At Home Art\*\*:

Yes:  No:

I read and understood the AHA Loyalty Card regulations.

.....  
Signature

\* Not compulsory to fill  
\*\* The cardholder accepts to receive information material from AHA as newsletter or direct mail. The cardholder accepts AHA to process their personal data for inside firm reasons.

