



ASSOCIAZIONE ITALIANA NEUROIMMUNOLOGIA

MEMBERSHIP REQUEST FORM

Dear Dr. Roberto Furlan,

by fulfilling the present form I would like to become a Member of the Italian Association of Neuroimmunology.

Please find below my personal data and my Curriculum Vitae in attachment.

First name: _____ Last name _____

Professional address:

Institution _____

Dept. _____ Status _____

Street _____ Zip code _____ City _____

Tel: _____ Fax: _____ E-mail _____

Private address:

Street _____ Zip code _____ City _____

Tel: _____ Fax: _____ E-mail _____

Name of two introducing AINI Members

1° _____ Signature _____

2° _____ Signature _____

Membership category (please sign with X):

✓ **Ordinary Memeber**

✓ **Young Member (up to 32 years – date of birth _____)**

Date _____ Signature _____

I hereby authorize the treatment of my personal data in accordance with the Italian Privacy Law 196/2003.