



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.