



ITALIAN GROUP FOR THE STUDY OF NEUROMORPHOLOGY (G.I.S.N.)

MEMBERSHIP FORM

SURNAME _____ NAME _____
ADDRESS _____
CITY _____ C.A.P. _____ TEL _____ / _____
PROFESSIONAL QUALIFICATION _____
INSTITUTION _____
STREET _____ C.A.P. _____ TEL _____ FAX _____

E-mail: _____

Registration required as:

Ordinary Member

student

By committing myself to the payment of membership fees starting from the year of application for registration

Date _____ Signature _____

Indicate the names of two presenting members and attach a brief curriculum vitae*

Associate (Surname and Signature):

Associate (Surname and Signature):

* In the case of an application for membership sent by e-mail, instead of the signature of the two members, a copy of the application must also be sent to the presenting members.

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TO BE RETURNED TO:

Prof. MARINA QUARTU
e-mail: gisnneuromorfologia@gmail.com.

SPACE RESERVED FOR THE GISN

Presenting Members _____
Request received on _____ Approved
in the meeting of the Board of Members of _____ with effect from _____
Il Tesoriere _____