



## 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 \_\_\_\_\_