

## APPLICATION FORM

### Personal Information

QUALIFICATION	<input type="checkbox"/> PROF. <input type="checkbox"/> PHYS. <input type="checkbox"/> ENG. <input type="checkbox"/> OTHER _____
SURNAME	_____
FORENAME	_____
BIRTHPLACE	_____ (_____)
BIRTHDATE	____ / ____ / ____
HOME ADDRESS	Address: _____ _____ City Town: _____ ST/Province: _____ Post Code: _____ Country: _____
ALTERNATIVE ADDRESS FOR CORRESPONDANCE <i>(if different from home)</i>	Address: _____ _____ City Town: _____ ST/Province: _____ Post Code: _____ Country: _____
TELEPHONE NUMBER	_____
MOBILE NUMBER	_____
E-MAIL	_____ @ _____
JOB	_____
COMPANY	_____
NATIONAL IDENTIFICATION NUMBER <i>(Social Security Number/INSEE code/National Insurance Number/Zuteilung der Identifikationsnummer...)</i>	_____

**REQUEST MEMBERSHIP AS:**

**ORDINARY MEMBER** (*Statute, art. 4 subpar. 4*)

Ordinary members are restricted to person in age of majority working in health or medical device industry. Person have to be in possession of professional qualificational and must send the Application Form for ordinary member to Board of Directors, with statement of purpose acceptance. They have to commit to respect the Statute and all related Rules.

**SUPPORTING MEMBER** (*Statute, art. 4 subpar. 5*)

Person with no Ordinay members requirements may be admitted as Supporting Member if they accept Association purpose.

Supporting members have no right to vote and can not have access to elected office.

***I declare that I have read and accept the Statute, and I committ to pay membership dues established by Board of Directors within twenty days from admission confirmation.***

Place \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature \_\_\_\_\_

**-Imperatively enclose copy of ID CARD and National Identification Number**

***CONSENT FOR PERSONAL DATA PROCESSING\****

*Italian Legislative Decree n. 196/2003 – art. 13*

By this subscription I hereby authorize IASMED to the use of my personal data solely for circulation within the company according to the Italian Legislative Decree n. 196/2003.

(\*) Personal data will be kept strictly confidential in conformity to the Italian Legislative Decree n. 196/2003. According to the same Decree n. 196/2003, art. 7, the data subject shall have the right to withdraw his or her consent at any time, by contacting the Association.

Signature \_\_\_\_\_

SEND VIA MAIL TO: **INFO@IASMED.NET**

**RESERVED TO BOARD OF DIRECTORS**

MEBERSHIP ACCEPTED the day \_\_\_\_\_ Card Number \_\_\_\_\_