***Membership application to the***

***“Italian Society of Histochemistry”***

Send the membership application, duly filled and signed, by mail or e-mail to:

Secretariat “Italian Society of Histochemistry”

Department of Biomolecular Sciences, Scientific Campus Enrico Mattei  
Via Cà le Suore, 2/4 - 61029 Urbino (PU)

e-mail: info@istochimica.it

**The undersigned**

First and Last Name . . . . . . . . . . . . . . . . . . . . Title . . . . . .

Fiscal Residence . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

*Address Zip Code City Prov.*

phone . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

E-mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Postal address** *(if different from fiscal residence)*

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*Address Zip Code City Prov.*

Affliations . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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***applies to be admitted to the “Italian Society of Histochemistry” as an Ordinary Member.***

Main research activities

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Date. . . . . . . . . Signature . . . . . . . . . . . . . . .

**PRESENTERS**

1) First and Last Name. . . . . . . . . . . . . Signature . . . . . . . . . . . . . .

2) First and Last Name. . . . . . . . . . . . . Signature . . . . . . . . . . . . .

The application will be submitted for the approval of the ordinary Members' Meeting following the date of presentation (Statute, Art. 3). The new member will pay the annual membership fee starting from the year of acceptance of the application. The position of Member will be formalized at the same time as filling in the Register of Members and accepting the Statute and the Regulations.

The data reported in this form are protected by Law no. 675 of 31.XII.1996 ("privacy protection") and subsequent amendments. Their use by the Society will require specific written authorization.

*For the Secretary*: Application submitted on. . . . . . . . . ‚ accepted ‚ rejected