



REGISTRATION FORM

INSTITUTIONS or INDIVIDUALS interested in becoming Members of COMIUCAP should fill the information here requested and send it *asp* to: comiucap@unigre.it. For more information on how to Become a Member, access www.comiucap.net. For instructions about Payments, see: <http://goo.gl/VuclHF>. For further questions, kindly contact us: <http://goo.gl/CsY6Jv>.

MEMBER CANDID.:

PERSON PRESENTING THIS CANDIDACY:

SURNAME: FIRST NAME(S):

TITLE: NATIONALITY:

INSTITUTION: POSITION:

POSTAL ADDRESS:

E-MAIL(1): E-MAIL(2):

APPLYING AS INSTITUTIONAL MEMBER? Yes
 No

APPLYING AS AN INDIVIDUAL? Yes
 No

DESCRIPTION OF YOUR INSTITUTION AND/OR MOTIVATION TO BECOME A MEMBER OF COMIUCAP:

LOCAL/ DATE/YOUR INITIALS:

TEL.: