



**MEMBERSHIP APPLICATION FORM
COMPANIES - INSTITUTES**

INSTITUTE / COMPANY	
Name of the Institute/Company	
Address	
Tel	
Fax	
Web Site	
REPRESENTATIVE	
Name-Surname	
Title	
Position	
Date of birth	
Work Address	
Home Address	
Tel	Work:
	Home:
	Mobile:
Fax	Work:
	Home:
E-mail	Work:
	Home:

The Company/Institute
hereby applies for Membership of SFERA, represented by
, **declares to accept the Memorandum of Association of SFERA (Charter) without any reserve, as well as to undertake to observe the rules and the obligations of the Association deriving from the same for the pursuit of the purposes of the Association.**

Date **Place**

Signature of representative

**FAX THE COMPLETED AND SIGNED FORM TO
FAX: ++ 39 085 9231888**