



Global Association for the use of knowledge on Fractured Rock in a state of Stress,
In the field of Energy, Culture and Environment

**MEMBERSHIP APPLICATION FORM
PRIVATE PERSONS**

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

I, (Name, Surname)
 hereby apply for Membership of SFERA, representing the Company/Institute*
, and declare 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:

* Optional

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