



Associazione "Lapo"

Associazione Italiana Famiglie, Enti e Professioni
contro le Malattie Neurologiche e Psichiatriche dell'Età Evolutiva

MEMBERSHIP APPLICATION/RENEWAL FORM

Associations/Bodies

(Year _____)

Association/Body _____

Contact Name- _____

Name of Director _____

Address _____

Zip Code _____ City _____ Country _____

Tel. _____ Mobile Phone _____

Email _____ Website _____

Name of the 3 REPRESENTATIVE MEMBERS of Association/Body (free attendance at Updating Meetings, Conferences, etc. organised by "Lapo Association")

1. Representative of Equine-Assisted Interventions: _____

2. _____

3. _____

Please, enclose information about the Association/Body activity, and if it is possible, the Statute of the Association/Body

DATE _____

Director Signature _____

According to the law n. 675/96, I give my consent to the use of Association/Body data for the required information

YES NO

Signature _____

Association/Body Membership Fee: 130,00 euros (to renew each year)

METHOD OF PAYMENT:

Bank transfer to:

Account Holder's Name: Associazione "Lapo"
Bank Name: Gruppo Intesa Sanpaolo
SWIFT/BC Code: BCITITMM
IBAN Number: IT 78B 03069 02892 10000 000 1320

PLEASE SEND ALSO BY E-MAIL

- 1. COPY OF THE PAYMENT**
- 2. FILLED MEMBERSHIP APPLICATION FORM**

For information:

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