



# Associazione "Lapo"

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

## MEMBERSHIP APPLICATION/RENEWAL FORM Individual Member

(Year \_\_\_\_\_)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Profession \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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

YES  NO

Signature \_\_\_\_\_

**Membership Fee: 50,00 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 EMAIL**

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

#### For information:

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