

# **MEMBERSHIP APPLICATION**

(The Executive Board shall examine the admission requests and deliberates on the admission of new members)

## **International Medical League for the Abolition of Vivisection**

I hereby apply for membership of **International Doctors – LIMAV**. I comply with the rules and the purpose of the Organization.

FIRST NAME\* \_\_\_\_\_ LAST NAME\* \_\_\_\_\_

CITY OF BIRTH\* \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_

RESIDENTIAL ADDRESS\* \_\_\_\_\_ POSTAL CODE\* \_\_\_\_\_

CITY\* \_\_\_\_\_ STATE\* \_\_\_\_\_ FISCAL CODE\*: \_\_\_\_\_

PHONE NO.\* \_\_\_\_\_ E-MAIL\* \_\_\_\_\_

DEGREE CERTIFICATE \_\_\_\_\_ YEAR GRADUATE \_\_\_\_\_

PROFESSIONAL ORDER \_\_\_\_\_

PROVINCE/STATE \_\_\_\_\_ No. \_\_\_\_\_

SPECIALIZATION \_\_\_\_\_

ACTIVITY \_\_\_\_\_

*\* required*

Members are admitted **free of charge**.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Request to membership have be addressed to:*

✉ LIMAV International – Via Gian Battista Brocchi, 11 – 20131 Milano (MI) - Italy

☎ Fax no.: +39 0299980650

✉ e-mail: [info@limav.org](mailto:info@limav.org)

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### **PRIVACY POLICY STATEMENT PURSUANT TO LEGISLATIVE DECREE 196/2003**

The provided data will be treat in respect of security and confidentiality standards. At any tyme, the owner can ask to LIMAV for a copy of the data, have them modified or deleted from ours records.