

I, the undersigned

Name _____ Last name _____

Born in _____ Country _____

Street Address _____ N. _____

Zip code _____ Town _____ State _____

Country _____ e-mail _____

Work Institution _____

Work Address _____ Town _____ Country _____

KINDLY ASK

to join the Italian Association of Magnetism AIMagn as an Ordinary Member. The association fee is biennial and is anyhow valid until the next MAGNET conference.

Attached files:

a copy of the payment of the membership fee of € 50 (€ 30 for students) by bank transfer to the Unicredit account in the name of "Associazione Italiana di Magnetismo" (Fiscal address: via Milizia 1, 00196 Roma; Headquarter: address c/o IMEM CNR, Parco Area delle Scienze 37/a; C.F.: 97642400580; IBAN: IT37G0200812710000101395051; BIC/SWIFT: UNCRITM1MP7).

Send the registration form and a copy of the bank transfer by e-mail to segreteria@aimagn.org

Date _____ Signature _____

DISCLOSURE PURSUANT TO ART. n196 of 30 June 2003 and updates.

The acquired personal data will be used, also with the aid of electronic and / or automated means, exclusively for the performance and management of activities related to the community's purposes. Pursuant to Legislative Decree n. 196 of June 30, 2003, has the right to access his / her data and request correction and, if necessary, the cancellation or blocking. Having taken note of the aforementioned information, I authorize the processing and communication of my data within the limits of which I authorize it.

Date _____ Signature _____