**MEMBERSHIP FORM / INFORMATION UPDATE**

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| --- | --- |
| Name and Surname\*: |  |
| Sex: |  |
| Nationality\*: |  |
| Mail Address: |  |
| E-mail: |  |
| Cell Phone Number: |  |
| Position\*/Company\*/Institution\* and Professional Address: |  |
| Areas of Activity or interest\*: |  |
| Do you Authorize SLADI to publish on its website the information of this form marked with an asterisk? | [ ] YES[ ] NO |

The submission of curriculum vitae attached to the form is an associate / interested option.

No information provided in this form will be used for profit purposes.

Place and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature