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SIRR MEMBERSHIP FORM

Family name.....

First name.....

Place and date of birth.....

Title(s)

Place and date of higher degree(s).....

Institution and position.....

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Phone..... Fax.....

E-mail.....

Please enclose information on activity/interest in the field of radiation research using one or more extra sheets

Category for which to register:

(Physics, Chemistry, Biology, Medicine).....

Name, surname and signature of two introducing Society members:

1).....

2).....

By the terms of Law n° 675/96 I give my consent to SIRR for the treatment of my personal data

Date.....Signature.....

Send to SIRR office: Dr. Alessandro Campa -mail: alessandro.campa@iss.infn.it