

ISVRA membership application form 2012

Name	Initials	Surname
Mail address		
Post code	City	Country
Work ph.	Home ph.	Mobile ph.
Others	Fax	
E-mail		
Degree in		
Country	Registration no.	
Diploma/others		
Student in		
University		

I am sending the above application in order to become an ISVRA Associate Member for the year 2012. Membership is currently free of charge for all non-Italian veterinary surgeons and technicians.

I understand the membership has to be yearly renewed.

Date _____ Signature _____

Send by mail to: ISVRA - via Crociata 18 - 35028 Piove di Sacco, Padova, Italy

For info contact isvra@isvra.org or call 0039 346 0683855