

ISVRA membership application form 2016

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 this application in order to become an ISVRA Associate Member for the year 2016.
ISVRA membership is currently free of charge for veterinary surgeons and technicians not practicing in Italy.

I understand the membership has to be yearly renewed.

Date Signature

Fill it and e-mail it to: info@isvra.org

or fill it, print it, and mail it to: ISVRA - via Crociata 18 - 35028 Piove di Sacco, Padova, Italy