

# Italian Society of Biochemistry and Molecular Biology (SIB)

## APPLICATION FORM

Luciana Avigliano  
SIB Secretary  
Full Professor of Nutritional Biochemistry  
Department for Experimental Medicine and Biochemical Sciences  
"Tor Vergata" University of Rome  
Faculty of Medicine  
Building F nord, 1° floor, room F172  
via Montpellier 1- I 00133 Rome, Italy.  
phone: + 39 06 7259 6472 / 6380 fax: + 39 06 7259 6379  
e-mail: avigliano@uniroma2.it

Surname and name of the applicant \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Type of requested membership (Ordinary, Young or Supporter Member) \_\_\_\_\_

Title \_\_\_\_\_

Academic or Research affiliation (full address) \_\_\_\_\_

\_\_\_\_\_

Enclosed documents to this application form (mandatory)

- 1) Curriculum vitae including a list of publications
- 2) the anagraphic form

Date \_\_\_\_\_

Signature \_\_\_\_\_

Application form should be undersigned by three current Ordinary or Honorary Members:

1) Name \_\_\_\_\_ Signature \_\_\_\_\_

2) Name \_\_\_\_\_ Signature \_\_\_\_\_

3) Name \_\_\_\_\_ Signature \_\_\_\_\_