



**Membership Form for the Scientific-Cultural Foundation
“ITALIAN THYROID CANCER OBSERVATORY FOUNDATION”**

I the undersigned: _____
SURNAME AND NAME

Tax code: _____
For Italian residents only

ID: _____
Type, number, issuing authority, date of issue.

Address: _____

Postal Code, Town, Province

Email address: _____

I declare
having read and accepted the Articles of Association of the Scientific-Cultural Foundation “ITALIAN
THYROID CANCER OBSERVATORY FOUNDATION” and I hereby declare wishing to become a
member of the Association.

_____, _____
Place Date

Signature