APPLICATION FORM FOR MEMBERSHIP OF THE

"INTERNATIONAL SOCIETY OF INTEGRATIVE PSYCHIATRY and SALUTOGENESIS" (SIPSIeS)

MEMBERSHIP CATEGORIES

Mr X Mrs _ Miss _ Ms _ *PLEASE USE CAPITALS ONLY*

Surname: ……..

First name(s): …….

Address:……

……..

Post Code: …… Country: ……..

Phone : ……. Mobile: .....

(Email :……)

Profession: …….

Nationality: ……..

NB: Registration details MUST be completed as proof of eligibility for membership.

I agree to become a full member of the INTERNATIONAL SOCIETY OF INTEGRATIVE PSYCHIATRY and SALUTOGENESIS (SIPSIeS) and to abide by its statutes. (*****) Please delete as appropriate

Date:

Signature:

I authorize the use of personal informations legge 675/96 (Italy)

Date:

Signature:

Please send your completed application form by mail to the following address:

E-mail: segreteria@sipsies.org

Fax informations : info@sipsies.org