

To the Board of Directors
PharmacomItalia Association
Via Padre Perilli, 46

00125 Rome

SUBJECT: APPLICATION TO JOIN THE ASSOCIATION

I _____, the undersigned, born in _____ on _____, as the legal representative of the Company _____ based in Town _____ Address _____ Zipcode _____ Country _____ VAT _____ C.F.: _____ SDI Code: _____ Phone _____ Mobile _____ email _____

Membership Fees (check one):

Standard Member Euro 1.800,00 _____ **Plus Member** Euro 3.600,00 _____ **Supporter Member** Euro 5.000,00 _____

ASK

that the Board of Directors admits the aforementioned company as a member of the Association with which it shares the same institutional aims. I, the undersigned, undertake to ensure that the said company and its employees and associates comply with Association regulations that are in force and resolutions adopted by duly constituted Association bodies. To this end, I, the undersigned, hereby state that I understand and accept the Article of Association.

Name of the reference person for PharmacomItalia communication: _____

email: _____ Mobile _____

Place _____ Date _____

Signature _____