

**International Polyamines Foundation ETS-ONLUS (IPFE-O)**  
**(Membership Dues)**

**After payment, please fill in this form with the requested data, as required by the Italian legislation regulating Foundations and return it using my email address.**

-First name:.....

-Surname:.....

-Place and date of birth:.....

-Place of residence: .....City.....Postal code.....

State (for US members).....

- Affiliation: (University.....Department.....address.....)

- Membership fee paid: ( €..... ; \$..... ; Yen..... other.....) for the **year 2024**

- Name of the Bank.....Agency.....

- Identity document (it is **not** necessary to enclose copy): passport, identity card.....number.....expiry date.....

- Signature (member)

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(Info updated as of July 31, 2024)