

# APPLICATION FOR IBMAI MEMBERSHIP

## Interdisciplinary BioMedical group on Artificial Intelligence

[TO BE FILLED OUT IN BLOCK LETTERS]

**Dr./Prof. Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Tax ID Code/TIN** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **Street Number** \_\_\_\_\_

**City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Degree in** \_\_\_\_\_

New Member  Renewal

### Attachments

Copy of the bank transfer made out to "IBMAI Interdisciplinary BioMedical group on Artificial Intelligence" drawn on BPER Bank S.P.A. Ag. 9 of L'Aquila IBAN IT43Y0538703610000003685131

or

Paypal: [paypal.me/IBMAI](https://www.paypal.me/IBMAI) ([ibmaigroup@gmail.com](mailto:ibmaigroup@gmail.com)) specifying: IBMAI Membership Fee 2024

Curriculum vitae

### Declaration

I, the undersigned, declare my intention to join IBMAI, aware of the criminal and civil consequences of false statements. I declare under my responsibility that the above statements are true. I also declare that I am fully aware of the IBMAI Statute, which I undertake to observe in its entirety.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

Having received the information on the use of my personal data pursuant to Article 13 of European Regulation 679/2016, I consent to their processing to the extent necessary for the pursuit of statutory purposes. I also consent to the data relating to the registration being communicated to the entities with which the association collaborates and processed by them to the extent necessary for the fulfillment of obligations provided by law and statutory regulations.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_