|  |  |
| --- | --- |
|  | **MEMBERSHIP APPLICATION FORM**  **S.I.B.E. – Società Italiana di Biologia Evoluzionistica**  **I.S.E.B. - Italian Society for Evolutionary Biology**  *web:* [*www.sibe-iseb.it*](http://www.sibe-iseb.it) |

Send by e-mail to:

*SIBE Treasurer, Lisa Locatello, Department of Biology & Evolution of Marine Organisms – Stazione Zoologica Anton Dohrn, Fano Marine Center, Viale Adriatico 1/N, 61032 Fano (Pesaro e Urbino)*

*email:* ***evoluzione@sibe-iseb.it***

To the Treasure of The Italian Society for Evolutionary Biology

The undersigned, .......................................................……………………………..……, applies for the Membership to The Italian Society for Evolutionary Biology. I agree to pay the two-year membership fee of ………….€ valid for the period……………………………….. (*please*, *refer to the rules for membership for the current fees*)

Current employment: ……………………………………………………………………………………….....…………………………………………………

Employment Institution and Address:

………………………………………………………………………………………………………………………………………………………….………………………

Mail address for hardcopy communications (*if different from the previous one*):

………………………………………………………………………………………………………………………………………………………….………………………

E-mail address: …………………………………………………………………………………………………………………………………………………………

Research/scientific/teaching interests:

………………………………………………………………………………………………………………………………………………………….………………………

I authorize SIBE to send me communication about activities, events, job offers and news on topics related to the Society interests:

□ YES □ NO

................................. .....................................

(date) (signature)

SIBE Member who supports the candidate (*no need for signature if the supporting Member already sent an introducing e-mail to the Secretary*):

........................................ .....................................

(name & surname) (signature)

Pay the Membership fee with PayPal (SIBE web page) or with bank transfer to:

**Società Italiana di Biologia Evoluzionistica –** Fiscal code:: 92048830050

bank: **Intesa San Paolo, Agency Piazza Paolo Ferrari, 10, 20121 MI**

IBAN: **IT61L0306909606100000401324**

BIC/SWIFT: BCITITMM

Reason: Name Surname, membership for years………