Accademia Italiana di Conservativa

MEMBERSHIP APPLICATION

Name ..... Surname .....
Born in ..... Province. ..... The .....
Office address ..... n° ..... Tel. .....
Zip Code ..... City .....
Province .....
Tax Code .....
Graduation year ..... Location .....
Year of specialization ..... Location .....

Cultural and professional associations of belonging
.....
.....

University teaching: Yes ( ) No ( )
If yes current position:
Task .....
Venue
.....

Post-graduate teaching
Task .....
Venue
.....

Lectures and conferences (titles and dates)
.....
.....
.....
.....
.....

Journal publications: Yes ( ) No ( )

Foreign languages
.....Level: Read ( ) Understood ( ) Spoken ( )
.....Level: Read ( ) Understood ( ) Spoken ( )
.....Level: Read ( ) Understood ( ) Spoken ( )

.....Level: Read ( ) Understood ( ) Spoken ( )

With the application I enclose the three cases required.

Members presenters ……..… ……..…

Signature

……..…