



APPLICATION FORM *

Applicant's Name: _____
(First) (Surname)

Passport #: _____ Country: _____ Birthdate: _____ Gender: _____
(dd/mm/yy) (M/F)

Applying As: Individual Member Associate Member
for the World Federation of Ozone Therapy – WFOT

* Together with this form, please attach your Sponsor statement by a WFOT individual member, indicating that you are a professional/student trained/training in ozone therapy and that you are a professional/student in good standing.

REGISTRATION DATA – CONTACT

Address: _____

Country: _____ Postal Code: _____

Phone: + _____ (____) _____ Email: _____

PROFESSIONAL DATA **

Educational (most relevant)

	<u>Degree</u>	<u>Institution</u>	<u>Major</u>	<u>Graduation Year</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Main job

Title: _____

Institution: _____

Address: _____

Country: _____ Postal Code: _____

Phone: + _____ (____) _____ Email: _____

** Together with this form, please attach your curriculum vitae using European format (Europass - <https://europass.cedefop.europa.eu>) in English language.

PAYMENT INFORMATION

Membership fees may be paid, after membership approval, as follows:
By PayPal to treasurer@wfoot.org or by bank transfer free of charge credited to the **WFOT**:

ACCOUNT: BANCO POPOLARE – Pieve San Giacomo - CREMONA - ITALY
IBAN: IT11 Z 05034 57040 00000000851 – BIC/SWIFT: BAPPIT21V72

Please do not forget to include your **NAME** and **FISCAL CODE** on the bank transfer.

Privacy policy - In relation to the provisions of DLgs 196/03, we assure you that your personal information (name, surname, qualification, profession and address) currently stored in our database shall be used solely for the purpose of sending business letters and notices from WFOT to member. In according with clause 7 of DLgs 196/03, you are entitled to refuse to authorise any use of the information in our possession for purposes other than those prescribed by law.