



Istituto Italiano per la Ricerca dei Bambini Scomparsi

ITALIAN MISSING CHILDREN INSTITUTE

Dott.ssa Laura Donato

I, the undersigned (name and surname)

Born in on

Resident in street / square n °,

location, province

Fiscal Code.....

I ask to join the Italian Missing Children Institute association

and I undertake to pay the registration fee and annual fee of 20.00 euros to the IBAN

IT70W0200805219000105890137

Signature

Date

This form, completed in all its parts and signed, must be sent to the email

info@italianmissingchildren.it