

To:

Italian Society of Aesthetic Medicine (SIME)

For the attention of:

Monte Zebio Street, n. 28

00100 Rome

To be sent by ordinary e-mail to the address sime@lamedicinaestetica.it

Or

By certified e-mail to sime.presidenza@legalmail.it

Subject: Application for the transfer of a category from Associate Member to an Ordinary Member

The undersigned, Dr. _____,

requests with the present document, of the President of the Italian Society of Aesthetic Medicine (SIME) the transition from an Associate Member

to Ordinary Member since they meet the necessary requirements as indicated in the Articles of Association and better specified in the

Regulation.

Specifically, the undersigned declares the following:

- to have undertaken and completed the complete specific path in Aesthetic Medicine: four-year school, master university (specify the path taken)

_____;

- to have actively participated in the main institutional activities of SIME;
- to be in compliance with the membership fees;
- that he/she was not the recipient of written complaints from the Board of Directors;
- not having been subjected to disciplinary proceedings by SIME or another association or company scientific knowledge of which the applicant is a member;
- that he/she has not been held responsible for any of the conduct indicated in this regulation in the following article 4.

The undersigned is aware that the acceptance of the present application for the passage of category will be transmitted by care

of the Chairman of SIME to the Shareholders' Meeting who will resolve on admission at the first meeting and in order

will give notice to the undersigned within 10 (ten) days following the meeting.

The undersigned undertakes to comply with the aims and institutional activities of SIME, to participate in the activities

of the Association, to observe the Statute, the Regulations and the Code of Ethics.

THE UNDERSIGNED HEREBY ATTACHES:

- curriculum vitae containing the stages of scientific maturation and the quantitative indications of one's own professional activity carried out in the field of Aesthetic Medicine and declares that everything reported in the present application form as well as in the curriculum vitae corresponds to the truth.

- Copy of the Diploma of the Four-year School of Aesthetic Medicine or Master's Degree.

This application is undersigned by 2 (two) Ordinary Members as required by the Articles of Association and by the general Regulations

of SIME.

Regards,

The requesting member

Signed

The presenters

Surname/Family Name:

Name:

Signature

Surname/Family Name:

Name:

Signature