



## Application Form

The undersigned, ..... born on .....  
In ..... Resident in .....  
District Area/Province ..... Street ..... Postal Code .....  
Document number..... issued by .....  
Domiciled in *(to be specified if different from usual residence)* .....  
District Area/Province ..... Street ..... Postal Code .....  
Phone ..... Mobile Phone ..... E-mail .....  
VAT Code ..... Fiscal Code/Tax Number .....

I hereby ask to be admitted to SIAF Italia as a member and to be enrolled in the Professional Register of: *(place a cross against the applicable option)*

### Expert Member with a Qualification in:

- |   |  |                                     |  |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Family Harmonizer  | <input type="checkbox"/> Art Therapist   | <input type="checkbox"/> Coach      | <input type="checkbox"/> Yoga Teacher      |
| <input type="checkbox"/> Counselor  | <input type="checkbox"/> Family Mediator | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Holistic Operator |
| <input type="checkbox"/> Professional of Physical and Mental well-being through bio-natural massage |  |                                     |  |

### Levels:

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Entry/Basic | <input type="checkbox"/> Professional |
|--------------------------------------|---------------------------------------|

I Declare that I'm a certified professional for the registration requested

- ☐ Yes, with the certifying agency ..... (send valid certification document)  
☐ No

I hereby declare that I read and fully accepted the National Statute, the Ethical and Conduct Code and the Internal Regulations of SIAF Italia.

I undertake to pay the annual membership fee of **90 €** (€80 + €10 professional liability insurance) and the registration tax of **80 €** as a necessary prerequisite for the enrollment.

I enclose the following supporting documents:

- Copy of the identity card or passport both still valid;
- Passport type photo;
- Copy of professional qualifications and the certificates or documents of the courses attended;
- Copy of the secondary school diploma.
- CV European Format dated and signed
- Self-declaration document about pending indictment
- Personal Data Declaration
- Copy of the exam tax € 40 for the non refundable exam fee upon approval of the requirements for admission to the exam *(only for external exams)*

**After passing the exam:**

- Copy of the payment receipt of € 80 for the registration request
- Copy of the payment receipt of € 90 for the membership fee (€ 80 + € 10 compulsory professional insurance)

I hereby declare that I am aware about the penalties laid down by the art. of the Italian DPR 445/2000 concerning misleading declarations.

....., li .....

Yours Faithfully .....

I express my consent to the publication on the website [www.siafitalia.it](http://www.siafitalia.it) in the "Cerca gli iscritti" section of:

☐ Cell number

☐ E-mail

The .....

Faithfully.....