



World
Federation of
Ozone
Therapy

Headquarters:
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APPLICATION FORM

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

On behalf of: _____
(association / company)

Applying As: ☐ Society Member ☐ Corporate Member

for the World Federation of Ozone Therapy – WFOT.

REGISTRATION DATA – ASSOCIATION / COMPANY

Address: _____

Country: _____ Postal Code: _____

Phone: + _____ () _____ Email: _____

REGISTRATION DATA – DELEGATE /APPLICANT

Address: _____

Country: _____ Postal Code: _____

Phone: + _____ () _____ Email: _____

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 000000000851 – 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.