**Scientific Association to the Stazione Zoologica Anton Dohrn, Naples**

|  |  |
| --- | --- |
| **Name and Surname** |  |
| **Home Address** |  |
| **Fiscal Code (if available)** |  |
| **Tel.** |  |
| **Mobile:** |  |
| **E-mail:** |  |
| **Current employment** **(or previous one, if retired)** |  |
| **ERC resarch area** **(please list up tp 3 sub.areas)** |  |
| **Request of Association for** | □ Young fellow (*1 year*) |
| □ Research fellow (*3 years*) |
| □ *Alumni* SZN  |
| **Association Department**  | □ Biology and Evolution of Marine Organisms |
| □ Infrastructures for Marine Biological Research  |
| □ Integrative Marine Ecology |
| □ Marine Animal Conservation and Public Engagement |
| □ Marine Biotechnology |
| □ Third Mission Area |
| **Main Scientific objectives of the Association** **(Max 1.000 characters)** |  |
| **Collaboration with SZN personnel** |  |

□ I hereby declare to have read the Body of Rule of Association to SZN

Encl.:

* Scientific CV in English
* Copy of a valid Identification Document

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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Signature of SZN personnel

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