

ORDER MEMBERSHIP FORM

The undersigned _____ as legal representative of the Order/
Chamber _____ referring to the electronic
qualified electronic signature certificate required for Mr./Mrs. _____ Declares
that he/she is regularly registered to the above-mentioned Order/Chamber with registration Number

**optionally indicate, the information of the Order/College that will be included within the
certificate:**

Order/Chamber:

Registered Office (City):

Address:

Fiscal Code/Vat No.:

Date / /

Signature of the Order/Chamber