

APPLICATION FORM

I certify, by my signature, that I want to become a member of the Society of Serbian Neurologists. I also, by this signature, commit myself to regular payment of the membership fee, through a current account 265-1620310003649-82 - Raiffeisen Bank, and I have chosen following model of payment (choose one of the options).

- a) Payment of the annual membership fee
- b) Payment of the semi-annual membership fee
- c) Payment of membership by administrative measure

By my signature I consent to the use of personal data for the purpose of informing.

Name and surname: _____

Date of birth: _____

E mail: _____

Phone and fax number: _____

Exact name of your home-institution: _____

Home-institution address: _____

Specify a narrower field of neurology that you exercise: _____

Date: _____

Personal signature: _____