



BALKAN STOMATOLOGICAL SOCIETY
 P.O. BOX 1531, ARISTOTLE UNIVERSITY CAMPUS
 GR-54124, THESSALONIKI, GREECE

APPLICATION FORM MEMBERSHIP
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SURNAME (Family Name)		
NAME		
Date of Birth		
ADDRESS	OFFICE	HOME
STREET NUMBER		
ZIP CODE		
CITY		
TELEPHONE 1		
TELEPHONE 2		
FAX		
MOBILE		
E-MAIL		
UNDER-GRADUATE STUDIES		
INSTITUTION		
GRADUATION YEAR		
POST-GRADUATE STUDIES		
INSTITUTION		
TITLE		
GRADUATION YEAR		
LICENCE OF PRACTICE		
ASSOCIATION		
FOREIGN LANGUAGE		
PRESENT STATE		
INSTITUTION		
NATIONAL HEALTH SYSTEM (NHS)		
OTHER		

I have read and accept the Constitution of BaSS and therefore, please accept my application for membership to the Balkan Stomatological Society (BaSS).

The recommendation by two active members:

- 1).....
- 2).....

Date of approval by the Council

Date:.....

Signature:.....