**MEMBERSHIP APPLICATION – individual**

Please fill in the Application and send it to the offical Association address:

ApiMed Srbija Sumatovacka st. 75, 11000 Belgrade, Serbia

e-mail: apimedsrbija@gmail.com

|  |  |  |
| --- | --- | --- |
| **First name:** |  |  |
| **Last name:** |  |
| **Father's name:** |  |
| **Personal number:** |  |
| **Address:** |  |
| **Phone no.:** |  |
| **E-mail:** |  |
| **Empolyed** | **YES NO** |
| **Where?** |  |
| **Address:** |  |
| **Phone:** |  |
| **E-mail:** |  | **Web:** |  |
|  |  |  |
| Place | Date | Signature |

By Decision of the ApiMed Serbia Board, annual individual membership is 2.000 RSD and annual membership for legal entities 10.000 RSD

**I hereby confirm that I wish to become ApiMed Serbia Association member and I am acquainted with the Mission and Statute available on the Association web site** [**www.apimedsrbija.rs**](http://www.apimedsrbija.rs)