



# IFMSA-Poland

Międzynarodowe Stowarzyszenie  
Studentów Medycyny

# Membership Application Form

PLEASE USE BLOCK LETTERS

Please accept me as an ORDINARY/SUPPORTING\* member of International Federation of Medical Students' Associations IFMSA-Poland.

SURNAME:

NAME:

SECOND NAME:

DATE OF BIRTH:   -   -

PLACE OF BIRTH:

MAILING ADDRESS:

PERMANENT ADDRESS:

( AS ABOVE)

TELEPHONE:

E-MAIL:

FACULTY OF: MEDICINE\* / DENTISTRY\* /

STUDENT'S CARD NUMBER:

YEAR OF STUDY:  1  2  3  4  5  6

GROUP NUMBER:

I agree to the processing of the personal data included in this application form as per Law on personal data protection from the 29th of August 1997 (Journal of Law from 1997, no. 133, pos. 883, with further changes), to the use for the statutory purposes, as well as to the access of the personal data to the subjects cooperating with the Association.

I was informed that the personal data is collected on a voluntary basis, and that I have the right to see, modify and erase my personal information. My personal data will be managed by IFMSA-Poland with their headquarters in Warsaw (02-007), ul. Oczki 1a.

I agree to receive information within the meaning of the Act of 18 July 2002 on Services Provided by Electronic Means (Journal of Law 2002, No. 144, pos. 1204) to my e-mail address or via other electronic communication methods.

At the same time I acknowledge the fact that membership fees are non-refundable.

I declare that I am familiar with the Statute and Regulations of IFMSA-Poland and I agree to obey them.

I declare that information that I have supplied is true and correct.

.....  
(PLACE AND DATE)

.....  
(SIGNATURE)



# IFMSA-Poland

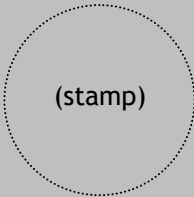
Międzynarodowe Stowarzyszenie  
Studentów Medycyny

# Membership Application Form

**FILLED BY IFMSA-POLAND:**

By a decision of the Division Board ..... effective ..... student ..... WAS / WAS NOT accepted as a member of International Federation of Medical Students' Associations IFMSA-Poland.

.....  
(DATE AND PLACE)



.....  
(SIGNATURE OF SECRETARY OF THE DIVISION)

**MEMBERSHIP RENEWAL:**

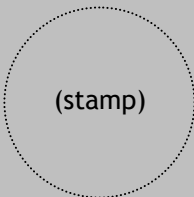
ACADEMIC YEAR:	YEAR OF STUDY:	DEAN'S GROUP:	SIGNATURE OF IFMSA-POLAND MEMBER:	SIGNATURE OF SECRETARY OF THE DIVISION:

**MEMBERSHIP EXCLUSION:**

**FILLED BY IFMSA-POLAND:**

By a decision of the Division Board ..... effective ..... student ..... WAS EXCLUDED FROM MEMBERSHIP OF INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS IFMSA-Poland.

.....  
(DATE AND PLACE)



.....  
(SIGNATURE OF SECRETARY OF THE DIVISION)