



APPLICATION FOR MEMBERSHIP

Title..... First name*: Last name*:.....

Affiliation*:.....

.....

.....

Tel:..... Email*:.....

(*please TYPE or print clearly. Forms without this information or illegible will not be processed.)

If you are a PhD student, which year of your PhD are you presently in?

Name of the supervisor:

Research interests (five key words):.....

I wish to apply for ☐ **Ordinary** (100PLN) or ☐ **Student** (50PLN) membership of the Polish Zebrafish Society (*tick the appropriate box*). Please note that the graduate student rate is applicable only until the year of the PhD defense

Two Society members (at least one of whom should be an **Ordinary** and not a Student Member) must endorse the application by signing and TYPING/PRINTING their names below:

Name:..... Signature:.....

Name: Signature:

Payment:

Once your application for membership has been accepted, you will be sent a bill to be paid within 30 days of receiving it.

The form may be scanned and send electronically to the email address: **zebrafish.pl@gmail.com**

For Society use only:

Acknowledged:..... Mailing List:.....