

.....  
(name and surname)

.....  
(place, date)

.....  
.....  
(address)

Authority of  
the *Polish Phycological Society*

## Membership Application

*Polish Phycological Society*

With this form I express my interest in becoming a supportive member of the *Polish Phycological Society*.

Simultaneously, I obligate myself to respect the Statute of the Society, Management's resolutions and to pay the fee regularly and on-time.

.....  
(signature of the applicant)

Decision regarding membership  
positive – negative

.....  
(signature of the representative)