

.....
(*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 regular 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*)