membership application

PERSONAL INFORMATION

Title: ☐ Prof. ☐ Dr. Sex: ☐ Male ☐ Female

First name: _____ Last name: _____

Adress: _____

Postal code: _____ City: _____ Country: _____

Tel.: _____ Fax: _____

E-mail: _____

MEMBERSHIP FEES

Incorporation fee	10 €*
Anual fee for doctors	50 €*
Anual fee for resident doctors	30 €*

All the payments will be done in RON (Romanian New Currency).

METHOD OF PAYMENT

The payment for ROPOSTURO Member Fee can be made directly at AMR/ROPOSTURO head offices, Bucharest, 10 Ionel Perlea Street, Sector 1, Postal code 010209 or by Bank transfer to the account of ROPOSTURO CONGRESS, IBAN: RO41.CBIT.4210.1303.6R00.2000, at Bank CBIT - SMB Branch, with note: " ROPOSTURO Member Fee 2005"

Note: To be a FULL ROPOSTURO MEMBER MUST have payed the fee for 2005. All the payments will be done in RON (Romanian New Currency).

Signature: _____ Date: _____

ROPOSTURO
10 Ionel Perlea Street, Sector 1, Postal code 010209, Bucharest
Tel: 021 314 10 62
Fax: 021 312 13 57
www.roposturo.ro