Polish Society of Microbiologists
DECLARATION OF MEMBERSHIP

Please accept me as an Ordinary Member of The Polish Society of Microbiologists.
After I am accepted as an Ordinary Member, I commit myself to follow the statutory duties. I declare paying the membership fees in the amount determined by the General Meeting of Delegates PSM to the account:
Bank BGŻ BNP Paribas nr: 57 2030 0045 1110 0000 0261 2550.

The first contribution will be paid within 30 days of receipt by email of the positive decision of the Main Board of PSM.

........................ .............. ......................................

(city, country) (date) (signature of the candidate)
I. Recommendations of two Ordinary Members, belonging at least two years to the PSM and with a membership fee paid for a given year, supporting the candidate:

Opinion about the candidate ...............................................

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name  | PSM Branch | Signature |
| 1. |  |  |  |
| 2. |  |  |  |

**II. Decision of the Main Board of the Polish Society of Microbiologists:**
Main Board of the Polish Society of Microbiologists by resolution .................................... dated ...... ....................................... recommends on the basis of § 28 of the PSM Statute, to accept – to refuse admission - candidate for an Ordinary Member of the Polish Society of Microbiologists.
**Acceptance will take place after payment of the first membership fee.**

..........................................
 *(signature)*

Justification (in case of refusal) ........................................... .............................

Date of payment of the first membership fee ........................ ... ............................
**Member of PTM since:**

**III. Applicant's personal data (please fill in capital letters):**

|  |  |  |
| --- | --- | --- |
| **First name and surname** |  |  |
| Data nad place of birth |  |  |
| Home address |  |
| Address for correspondance  |  |
| Telephone |  |
| e-mail |  |  |
| Work place |  |
| Address of work place |  |
| Scientific title / position |  |
| Working in microbiology since: |  |
| Education stages |  |
| Proficiency  |  |
| Activity in the following microbiology areas: |  |

I declare that I have full legal capacity and I am not deprived of public rights.

 Signature

*Data controller of your personal data provided in this declaration is Polish Society of Microbiologists with its registered seat in Warsaw, Stefana Banacha Street 1B, 02-097 Warsaw, Poland, KRS: 0000006649. Personal data will be processed for the purposes relating to keeping the records of Ordinary Members and as a result of affiliation to the Polish Society of Microbiologists. Providing data is voluntary but necessary in order to implement the abovementioned aims. You have the right of access to your data and the right to rectify these data. Personal data will not be disclosed to entities other than entities authorized by law.*