



**BALKAN STOMATOLOGICAL SOCIETY**  
P.O. BOX 1531, ARISTOTLE UNIVERSITY CAMPUS  
GR-54124, THESSALONIKI, GREECE

<b>APPLICATION FORM MEMBERSHIP</b>
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<b>SURNAME (Family Name)</b>		
<b>NAME</b>		
<b>Date of Birth</b>		
<b>ADDRESS</b>	<b>OFFICE</b>	<b>HOME</b>
<b>STREET NUMBER</b>		
<b>ZIP CODE</b>		
<b>CITY</b>		
<b>TELEPHONE 1</b>		
<b>TELEPHONE 2</b>		
<b>FAX</b>		
<b>MOBILE</b>		
<b>E-MAIL</b>		
<b>UNDER-GRADUATE STUDIES</b>		
<b>INSTITUTION</b>		
<b>GRADUATION YEAR</b>		
<b>POST-GRADUATE STUDIES</b>		
<b>INSTITUTION</b>		
<b>TITLE</b>		
<b>GRADUATION YEAR</b>		
<b>LICENCE OF PRACTICE</b>		
<b>ASSOCIATION</b>		
<b>FOREIGN LANGUAGE</b>		
<b>PRESENT STATE</b>		
<b>INSTITUTION</b>		
<b>NATIONAL HEALTH SYSTEM (NHS)</b>		
<b>OTHER</b>		

I have read and accept the Constitution of BaSS and therefore, please accept my application for membership to the Balkan Stomatological Society (BaSS).

The recommendation by two active members:

- 1).....
- 2).....

Date of approval by the Council

Date:.....

Signature:.....