

**The Polish Society
of Reproductive Medicine and Embryology**
Membership Declaration



1. Name and Surname _____
2. Academic title _____
3. Profession _____
4. Specialisation _____
5. Physical address _____
6. Mailing address _____
7. Telephone number _____
8. E-mail _____

I ask to be accepted as a regular member of the Polish Society of Reproductive Medicine and Embryology (PTMRiE). I hereby declare that I am familiar with the Polish Society of Reproductive Medicine and Embryology's Statute, and commit to: following the Statute, in particular to following the resolutions and decisions of the Society's governing body, to actively participating in PTMRiE's activities, and to regularly paying the membership dues.

date and place

signature

I hereby give consent for the personal data included in my Membership Declaration to be processed by the Polish Society of Reproductive Medicine and Embryology (PTMRiE) for the purposes of fulfilling the Society's tasks, as stipulated by the Statute, in accordance with the Personal Data Protection Act as of August 29th 1997 (Journal of Laws No.133, item 883). Under the Personal Data Protection Act, every person has the right to access and review their personal data. By filling out the Membership Declaration form, I agree to my personal information being included in the Polish Society of Reproductive Medicine and Embryology's database.

date and place

signature

I hereby agree to receive information relating to the functioning of the Polish Society of Reproductive Medicine and Embryology (PTMRiE), including announcements regarding any planned general assembly meetings of the members, sent to the e-mail address I have provided.

date and place

signature

Decision to accept the applicant into the Polish Society of Reproductive Medicine and Embryology

date and place

legible signature

signature

date and place

legible signature

signature