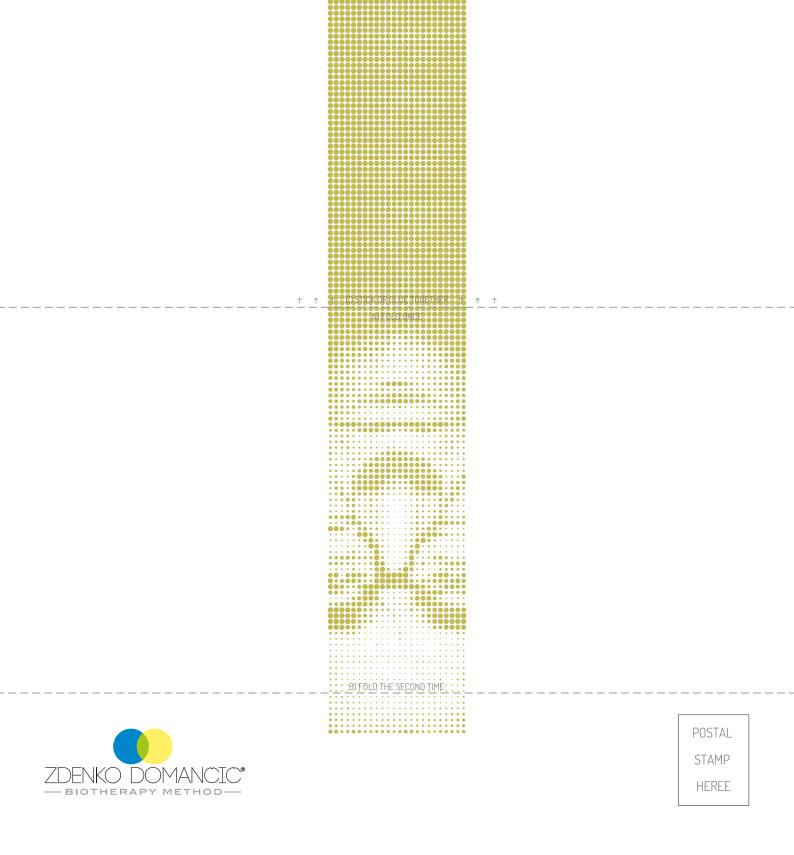


MEMBERSHIP APPLICATION FORM

I. PERSONAL INFORMATION

NAME AND SURNAME		
POSTAL CODE	PLACE OF RESIDEN	ICE
ADDRESS		HOUSE NUMBER
PHONE		CELL PHONE
E-MAIL		
DATE OF BIRTH	ı ı ı PLACE OI	BIRTH
PERSONAL ID NUMBER (OIB)		WORK POSITION
EDUCATION LEVEL		
HOBBIES:		
ADDRESS FOR RECEIPT OF MA	AIL BY POST (same as abov	ve 📉 YES)
POSTAL CODE	PLACE	COUNTRY
ADDRESS		HOUSE NUMBER
	ABOUT THE COURS completed courses for the Zdenko	SE Domančić Method of Bioenergy Therapy) NUMBER OF CERTIFICATE
DATE OF COURSE ATTENDAN	CEIIII	PLACE
III. PARTICIPATION	IN THE ASSOCIATI	ON
ARE YOU INTERESTED IN WOR	RKING IN SECTIONS OF THE A	ASSOCIATION? YES NO
I hereby confirm with my signature I	that I have read and understood th	e statute and the code of conduct with which I agree.
BLED,	, , SIGNATUR	RE





DRUŠTVO BIOTERAPIJA PO METODI ZDENKA DOMANČIĆA

Ljubljanska cesta 6 SI - 4260 Bled **SLOVENIA**