

MEMBERSHIP

APPLICATION FORM

I. PERSONAL INFORMATION

NAME AND SURNAME

POSTAL CODE

PLACE OF RESIDENCE

ADDRESS

HOUSE NUMBER

PHONE

CELL PHONE

E-MAIL

DATE OF BIRTH

PLACE OF BIRTH

PERSONAL ID NUMBER (OIB)

WORK POSITION

EDUCATION LEVEL

HOBBIES:

ADDRESS FOR RECEIPT OF MAIL BY POST (same as above ☐ YES)

POSTAL CODE

PLACE

COUNTRY

ADDRESS

HOUSE NUMBER

II. INFORMATION ABOUT THE COURSE

(filled out only by attendees who have completed courses for the Zdenko Domančič Method of Bioenergy Therapy)

COMPLETED COURSE LEVEL

1. ☐ 2. ☐ 3. ☐

NUMBER OF CERTIFICATE

DATE OF COURSE ATTENDANCE

PLACE

III. PARTICIPATION IN THE ASSOCIATION

ARE YOU INTERESTED IN WORKING IN SECTIONS OF THE ASSOCIATION?

YES ☐

NO ☐

I hereby confirm with my signature that I have read and understood the statute and the code of conduct with which I agree.

BLED,

SIGNATURE



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FOLD HERE
↑ ↑

FOLD THE SECOND TIME

POSTAL
STAMP
HERE

DRUŠTVO BIOTERAPIJA PO METODI
ZDENKA DOMANČIČA

Ljubljanska cesta 6
SI - 4260 Bled
SLOVENIA