

SERBIAN SOCIETY FOR CARDIOVASCULAR SURGERY

- S S C V S -



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APPLICATION FORM

I apply this form as a sign of my personal and free will to become active SSCVS member
and I guarantee for the data supplied here.

| | | | |
|---|--|----------------|---------------|
| First Name: | | Phone – work: | ___ () _____ |
| Middle Name: | | Phone – home*: | ___ () _____ |
| Family Name: | | Phone – cell*: | ___ () _____ |
| Profession: | | Fax: | ___ () _____ |
| Scientific level (MSc, PhD): | | E-mail: | _____ @ _____ |
| Teaching level (Asist, Doc, Prof): | | URL: | www. _____ |
| | | | |
| Address – work: | | | |
| Address – home*: | | | |
| | | | |
| Areas of professional, scientific and research interests: | | | |

All data supplied above, **except my private data (shadowed fields)**,
may be used and uploaded on SSCVS official web site: YES ... NO

MEMBERSHIP FEE

According to SSCVS Statute and policy, International Membership is **free of any charge**.

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