



IFMSA-Poland

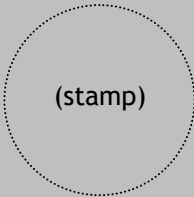
Międzynarodowe Stowarzyszenie
Studentów Medycyny

Membership Application Form

FILLED BY IFMSA-POLAND:

By a decision of the Division Board effective student
..... WAS / WAS NOT accepted as a member of International Federation of Medical
Students' Associations IFMSA-Poland.

.....
(DATE AND PLACE)



.....
(SIGNATURE OF SECRETARY OF THE DIVISION)

MEMBERSHIP RENEWAL:

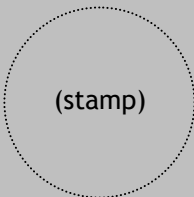
ACADEMIC YEAR:	YEAR OF STUDY:	DEAN'S GROUP:	SIGNATURE OF IFMSA-POLAND MEMBER:	SIGNATURE OF SECRETARY OF THE DIVISION:

MEMBERSHIP EXCLUSION:

FILLED BY IFMSA-POLAND:

By a decision of the Division Board effective student
..... WAS EXCLUDED FROM MEMBERSHIP OF INTERNATIONAL FEDERATION OF MEDICAL STUDENTS'
ASSOCIATIONS IFMSA-Poland.

.....
(DATE AND PLACE)



.....
(SIGNATURE OF SECRETARY OF THE DIVISION)