



Membership application form

By filling in this registration application form, I join the Association for Research in the Field of Functional-Aesthetic and Regenerative Gynecology and become its member. Thereby I agree that I will pay 1,000 RSD per month (12,000 RSD annually) onto the association account (160-6000001731423-33) as a membership fee.

Register

Name and surname:

Unique Citizens Identity Number:

Organization (name, address, phone):

Email:

Mobile phone:

Your ideas / suggestions for U.E.R.G.:

Date:

Signature:
