



Slovensko toksikološko društvo
Slovenian Society of Toxicology

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APPLICATION FORM FOR SLOVENIAN SOCIETY OF TOXICOLOGY

The undersigned _____, born _____,
I declare that I want to become a member of the Slovenian Society of Toxicology and I
declare that I will fulfill all obligations arising from the Rules of the society and other acts.

Member data:

Address – permanent residence: _____

Address – temporary residence: _____

Address – employment institution: _____

Home phone: _____

Mobile phone: _____

Fax number: _____

E-mail: _____

Educational institution: _____

Year and place of graduation: _____

Professional title: _____

Academic title: _____

Membership fee payer: _____

Brief description of activities in the field of toxicology: _____

Bibliography (minimum 1, maximum 5 important publications): _____

Application for membership on the proposal: _____

Location: _____

Date: _____

Signature: