to be filled at GALAS office
registration N_____

საქართველოს ლაბორატორიული ცხოველების მეცნიერებათა ასოციაცია «გალას»

GEORGIAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE "GALAS"

GALAS MEMBERSHIP APPLICATION FORM

1. PERSONAL INFORMATION

* name
* surname:
* occupation:
* title:
* organisation:
* date of birth: / /
* ID N:
* Sci. degree: (BS, MS, PhD)

2. MEMBERSHIP CATEGORY

☐ member ☐ associated member ☐ student

3. CONTACT INFORMATION

* address:
* phone:
mobile phone:
fax:
web :
* e-mail:

4. RECOMMENDERS

(recommender should be a GALAS member in good standing)

1

name: surname: ID N:

Membership Category ☐ member ☐ honorary member ☐ student

Recommendation: *I, the undersigned, would like to recommend the applicant for membership in the GALAS*

signature

2

name: surname: ID N:

Membership Category ☐ member ☐ honorary member ☐ student

Recommendation: *I, the undersigned, would like to recommend the applicant for membership in the GALAS*

signature

* mandatory fields

please, use Sylfaen font or block capitals if written

5. ANNUAL FEE

☐ MEMBER (48 GEL)

☐ ASSOCIATED MEMBER (240 GEL)

☐ STUDENT (12 GEL)

6. ACCOUNT REQUIVISITES

Beneficiary Name: N(N)LE GEORGIAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE "GALAS"
Beneficiary ID: 405136348
IBAN: GE93BG0000000692463900
Beneficiary Bank Name: Bank of Georgia
SWIFT Code: BAGAGE22
Beneficiary Bank Address: 29-a Gagarin street, 0160 Tbilisi, Georgia

7.

I, the undersigned, certify that I have read the Statute of «GALAS» , share the goals of the Association and wish to join the Association. I certify that all the information I have provided in this application is correct. Upon acceptance, I agree to support the activities and objective of the Association to the best of my ability.

signature

application date: / /

8. RESOLUTION

(to be filled by GALAS authority person)

☐ accepted

- ☐ member
- ☐ associated member
- ☐ student

☐ rejected

reason for rejection:

decision made at GALAS Board meeting (minute N)

President of GALAS:
signature

Secretary:
signature

date / /