 საქართველოს ლაბორატორიული ცხოველების მეცნიერებათა ასოციაცია «გალას»

**GEORGIAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE “GALAS”**

**GALAS MEMBERSHIP APPLICATION FORM**

**1. PERSONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞾 name |  |  | 🞾 date of birth: | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞾 surname: |  |  | 🞾 ID N: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞾 occupation: |  |  | 🞾 Sci. degree: |  |

(BS, MS, PhD)

|  |  |
| --- | --- |
| 🞾 title: |  |

**2. MEMBERSHIP CATEGORY**

|  |  |
| --- | --- |
| 🞾 organisation: |  |

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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| name: |  | surname: |  | ID N: |  |

**Membership Category**  member  honorary member  student

**1**

|  |  |
| --- | --- |
| *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

**2**

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

|  |  |
| --- | --- |
| signature |  |

**2**

🞾 mandatory fields

please, use Sylfaen font or block capitals if written

**5. ANNUAL FEE 6. ACCOUNT REQUIVISITES**

|  |  |  |
| --- | --- | --- |
| MEMBER (48 GEL)  ASSOCIATED MEMBER (240 GEL)  STUDENT (12 GEL) |  | **Beneficiary Name:** N(N)LE GEORGIAN ASSOCIATION FOR LABORATORY ANIMAL SCIENCE “GALAS”  **Beneficiary ID:** 405136348  **IBAN:**  **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: Secretary:

|  |  |  |  |
| --- | --- | --- | --- |
| signature |  | signature |  |
|  |  | date | / / |