



## Balkan Society of Pediatric and Congenital Heart Diseases

### Membership Application Form

#### Personal Information:

Full Name: \_\_\_\_\_

Gender: Male  Female  Other

Date of Birth: \_\_\_\_\_

#### Contact Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Professional Information:

Medical License Number: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Medical School Attended: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

#### Employment Details:

Current Place of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_

Email Address (Work): \_\_\_\_\_

#### Membership Type (Please check one):

Active Member

Associate Member

Supporting Member

#### Membership Dues (Annual): 20 Euros

Please refer to the attached fee schedule.

I am applying for a scholarship for reduced dues (attach supporting documents if applicable).

#### Reason for Joining the Medical Society (Optional):

#### Declaration:

I hereby apply for membership in the Balkan Society of Pediatric and Congenital Heart Diseases. I agree to abide by the society's bylaws and code of ethics. I understand that membership may be subject to approval, and I will provide any additional information or documentation as required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit your completed application and any required supporting documentation to: [fot.kyritsi@gmail.com](mailto:fot.kyritsi@gmail.com)

Thank you for your interest in joining our medical society. Your application will be reviewed, and you will be notified of the status of your membership application in due course.