



St.11 Oktomvri 42a, ННО Dare Dzambaz, 1000 Skopje

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Application

Full name	
Date of birth	
Current address	
Phone number	
E-mail address	
Education	
Additional level of education	
Working status	
Institution	

I, the undersigned, accept the provisions of the statute of the Association of special educators and rehabilitators of the Republic of North Macedonia and I agree to pay the membership fee of 50 denars per month in a timely manner by a transaction on the account no. 300000000172987, Komercijalna Banka AD Skopje

I will pay the membership fee in the following way (it is obligatory to complete / mark one way):

- 1) with a monthly reduction from personal income
- 2) with personal payment on the transaction account, choose one of the following:
 - a) for a period of three months
 - б) for a period of six months
 - в) for a period of one year

Place and date:

Applicant :
