



MEMBERSHIP REGISTRATION FORM

Name: _____

Profession: _____

Employed: _____

Phone: _____ Mobile: _____

E-mail address: _____

Mailing address: _____

I register as a member of Slovensko društvo za skupinsko analizo (Group Analytic Society of Slovenia).

I wish to participate in the activities of the Group Analytic Society of Slovenia (please mark):

- case presentations
- presentations of my professional or academic work
- reviewing literature
- other: _____

I understand that my failing to pay my membership fee may result in the termination of my membership.

Date:

Signature:
