



**The Slovenian Association for Bat
Research and Conservation**
Večna pot 111, SI-1000 Ljubljana, Slovenija

Membership Application Form

Name _____

Date of birth and place of birth* _____

Residential Address _____

Telephone _____ Mobile phone _____

E-mail _____

Postal Address _____

Telephone _____

Educational level* _____ Employment* _____

*We do not give, sell, or transfer any personal information to any third party.

With the signing of this form I confirm that I am acquainted with and agree with the rules and regulations of The Slovenian Association for Bat Research and Conservation. I am solely responsible for any injuries that occur during fieldtrips and other activities connected with the Association.

Date and place _____ Signature _____

Date and place _____ Association's representative _____

INFORMATION ABOUT A PARENT OR LEGAL GUARDIAN (for applicants younger than 15 years of age)

Name _____

Residential Address _____

Telephone _____ Mobile phone _____

Email _____

I allow _____ to become a member of The Slovenian Association for Bat Research and Conservation and I confirm that he/she is acquainted with and agrees with the rules and regulations of the Association.

Signature _____