

Application



Applicant for SARAS membership

Last Name	
First Name	
Date and Place of Birth	
Current Scholastic Level	
Specialization in Arachnids	

A. Employer

Name of Institution	
Address	
Mobile/Other Phone	
E-mail	

B. Permanent Address

Address	
Mobile/Other Phone	
E-mail	

Correspondence address (encircle the chosen address): A B

I register for the Slovak Arachnological Society and I accept the statute of the society.

Date of submission:

Signature:

Address: SARAS, c/o Department of zoology, Faculty of Natural Sciences, Comenius University, Mlynská dolina B-1, Ilkovičova 6, 842 15 Bratislava, Slovakia

----- for SARAS member -----

I recommend the acceptance

Date of submission:

Name and signature of the SARAS member: