I, the undersigned, declare that the information provided by me is true and undertake to notify any changes within 30 days of their occurrence.

Personal data		
Permit/license number*		
Name used in healthcare*		
Birth name*		
Name on the identity card*		
Date of birth*	__ __ __ __ (year) __ __ (month) __ __ (day)	
Place of birth*		
Parent's name on the identity card		
Gender*	male ☐ / female ☐	
Personal number*	__ __ __ __ __ __ __ __ __ __ __	
Home address* (by personal number)	Postcode:	
	Settlement:	
	Address: (street, house no., floor, door)	
Mailing address*	Postcode:	
	Settlement:	
	Address: (street, house no., floor, door)	
E-mail address*		
Phone number*		

……
sign

Qualification data	
Year of graduation*	__ __ __ __ (year)
Diploma number	
Name of the institution issuing the diploma	
Diploma type*	general medical ☐ *or* dental ☐ *or* non-medical ☐
Diploma issuer*	Educational institution from Hungary ☐ Diploma obtained abroad ☐ Nostrification of diploma ☐ Diploma from Serbia ☐
I have a specialist examination / medical specialisation*	yes ☐ no ☐
Name of medical specialisation*	
Year of specialist examination / medical specialisation*	__ __ __ __ (year)
Issuer of medical specialisation	
Language exam*	yes ☐ no ☐
Degree, type of language exam	
Issuer, year of language exam	__ __ __ __ (year)
Knowledge of foreign languages without an exam*	yes ☐ no ☐
List of foreign languages and your assessed level of knowledge	
I have other diploma/degree*	yes ☐ no ☐
Type of other diploma/degree (PhD)	
Year of other diploma/degree	__ __ __ __ (year)
Number of other diploma/degree	
Issuer of other diploma/degree	

……
sign

Employment data	
Name of workplace*	
Address of workplace*	
Phone number of workplace	
Position, job title*	
Department*	
Date of entry into the current job	__ __ __ __ (year)
Medical work experience	____ years
Specialist work experience	____ years
Retirement since (if the answer to the following question is yes)	__ __ __ __ (year)
Working in retirement*	yes ☐ no ☐

……
sign

Billing information (please fill in only if you request an invoice on membership fee, issued for your company)	
Billing (company)name*	
Billing address*	
Billing (company) tax number	

Membership fee payment data, statements *		
Method of paying the membership fee		☐ by bank transfer in equal monthly instalments, by the 10th of the current month
		☐ by bank transfer in two equal annual instalments, by 31st March and 30th September of the current year
		☐ by bank transfer in one amount per year, until 31st March of the current year
☐	I request full membership fee exemption because I am over 70 years old.	
☐		

Date: ……..

……
signature
seal

……
sign