



The Membership Declaration

Polish Society of Hyperthermic Oncology (PTHO)

Me,

address:
(street) (house/apartment number) (postal code) (city)

.....
(phone) (e-mail)

Please accept my application for membership of the Polish Society of Hyperthermic Oncology.

I undertake to abide by the provisions of the statute and the implementation of resolutions of PTHO board.

....., Day
(city) (signature)