



**Društvo prijateljstva
Slovenije in Azerbajdžana**

P R I S T O P N A I Z J A V A

(MEMEBERSHIP APPLICATION)

Podpisani(a).....roj.v (na).....

(I the undersigned)

(d.o.b.)

(in)

.....stanujem.....

(address)

tel....., elekt. pošta.....

(tel. Number)

(e-mail)

prostovoljno pristopam v članstvo Društva prijateljstva Slovenije in Azerbajdžana in se zavežujem izpolnjevati vse društvene obveznosti in pravice, določene v statutu društva.

(willingly join Association of the friendship between Slovenia and Azerbaijan and I agree to copy to all the obligations and rights determined by the association's statute.)

V (na).....

(date)

.....

(podpis)

(signature)