**UDRUŽENJE FARMACEUTA NIŠAVSKO PIROTSKOG REGIONA**

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**PRISTUPNICA U ČLANSTVO FNP**

(Popuniti štampanim slovima)

Ime (ime jednog roditelja) i prezime:

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Godina diplomiranja, fakultet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Firma u kojoj radite, adresa, grad, telefon, fax, e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mesto stanovanja:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opstina i adresa, telefon, e-mail:

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Interesovanje za rad u sekciji- sekcijama SFUS-a i kojim:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Članarina se uplacuje za kalendarsku godinu. Tekući račun FNP: 325-9500700015421-07

Datum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_