



Towarzystwo
Naukowe
Franciszka
Salezego

Francis de Sales Scientific Society (TNFS)

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TNFS APPLICATION

I wish to apply for membership of the Francis de Sales Scientific Society (TNFS). I declare that all the information given herein is true and correct and that I will fulfill my commitment to the TNFS if my application is approved.

_____ *Date*

_____ *Signature*

Personal Data	
First Name/s	
Surname	
Date of Birth (mm/dd/yyyy)	
Place of Birth	
Citizenship	
Address	
Postal Code & City	
Country	
Phone & Fax	
Mobile Phone	
E-mail	
Current Position	

Preferred way of contact:

Post:

Fax:

E-mail:

Postgraduate Student

University Faculty

Seminary Faculty

Personal Scientific Research

DECLARATION

I agree that my name and e-mail address can be used in the TNFS publications and on the Website.

YES

NO

_____ *Date*

_____ *Signature*

This data is used to process your membership, provide you with information from the TNFS, to enable us to carry out our membership activities and to provide us with management and statistical information (according to the Act of personal data protection, dated 29 of August 1997, Dz. U. Nr 133 Poz. 883).

Scientific Titles	Obtaining Data	Specialty	University

SPONSORS:

Name:

Data of TNFS Membership:

Founding TNFS Member

1. _____

YES NO

2. _____

YES NO

Secretary of the TNFS completes this part of the application

Name	
Data of application receiving	
TNFS membership approval	
Executive Committee Resolution Number	

Comments: