



APPLICATION FOR MEMBERSHIP TO
ASOCIAȚIA ROMÂNĂ A TERAPEUȚILOR BOBATH - PEDIATRIC
(in English language: ROMANIAN ASSOCIATION OF BOBATH - PEDIATRIC THERAPISTS)

I, the undersigned, _____, Romanian citizen,

Domiciled in _____
[Exact address], holder of ID card, series _____, no. _____, issued by _____
on the date of _____, Personal Identification Number (CNP) _____,
telephone _____, e-mail: _____,

as [profession/position]

I hereby declare that I have read and agree to the provisions of the ASOCIAȚIA ROMÂNĂ A TERAPEUȚILOR BOBATH - PEDIATRIC Association's Statute, Association registered in the Register of Associations and Foundations under number **1642/A/2025**, Tax Identification Number (TIN) 5215573, with its registered office in Romania, Bucharest, 5th District, [•], (hereinafter referred to as "the Association"),

by this application, I hereby express my intention to join the Association as an active member, in order to contribute to the achievement of the Association's purposes and objectives, and I therefore request the Board of Directors to approve this application.

I attach to this application proof of payment:

1. the registration/membership fee in the amount of 50 (fifty) RON;
2. the annual membership fee in the amount of 100 (one hundred) RON.

Additionally, I attach to this application supporting documents regarding the [profession/position] I hold, namely:

- Identity document (ID card, personal card, passport) - Copy certified as true to the original;
- Certificate of completion of the Basic Paediatric NDT-BOBATH course;
- Professional practice authorisation.

Signed today, [date: _____]

Applicant

[print name] [signature]