

สมาคมชีวโรภัย (ประเทศไทย)
สำนักงาน : ตึกจุลชีววิทยา ชั้น 7
คณะแพทยศาสตร์ศิริราชพยาบาล
บางกอกน้อย กรุงเทพฯ 10700
โทรศัพท์ +66 2419 7306 โทรสาร +66 2412 4811



The Biosafety Association (Thailand)
Office : Microbiology Building Floor 7th
Faculty of medicine Siriraj Hospital
Bangkoknoi, BKK. 10700 Thailand.
Tel. +66 2419 7306 Fax. +66 2412 8411

The Biosafety Association (Thailand) Membership Application form

Date.....

Dear Secretary of the Biosafety Association (Thailand)

NAME.....LAST NAME.....AGE.....YEARS OLD
DATE OF BIRTH.....ID CARD / PASSPORT NUMBER.....
CURRENT ADDRESS.....ROAD.....DISTRICT.....CITY.....
PROVINCE.....POSTAL CODE.....TELFAX.....
COMPANY NAME.....
POSITION.....DEPARTMENT.....
COMPANY ADDRESS.....ROAD.....DISTRICT.....CITY.....
PROVINCE.....POSTAL CODE.....TELFAX.....
EDUCATION LEVELE-mail.....

(The association will send information via e-mail that you have provided. Please write so that it is easy to read.)

Intend to apply for regular membership for life. Money has been sent to pay the membership fee of 1,000.- THB as follows :

PAYMENT METHOD Cash at The Biosafety Association (Thailand)

By transfer the payment to “The Biosafety Association (Thailand)”

/ The Siam Commercial Bank PCL, Siriraj Branch / Saving account number : 016-436682-7

Please send the application and proof of money transfer to fax 0 2412 4811 or e-mail: thaibiosafety.asso@gmail.com

I will honor to comply with all regulations of the association accordingly.

Signature.....Applicant

(.....)

Signature.....Guarantor

(.....)

Signature.....Guarantor

(.....)

.....
(For Association committee)

1. Approved to be a member of the association. Signature.....(President of the Association)

Date

2. Received money as a maintenance fee for the association in the year..... It's 1,000 THB

Date

3. Accepted as a lifelong/honorary ordinary member. Registration number.....

Signature.....(Registrar)

Date.....