

**The Polish Society  
of Reproductive Medicine and Embryology**  
**Membership Information Update**



1. **Name and Surname** \_\_\_\_\_
2. **Academic title** \_\_\_\_\_
3. **Profession** \_\_\_\_\_
4. **Specialisation** \_\_\_\_\_
5. **Physical address** \_\_\_\_\_
6. **Mailing address** \_\_\_\_\_
7. **Telephone number** \_\_\_\_\_
8. **E-mail** \_\_\_\_\_

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I hereby give consent for the personal data included in my Membership Information Update form to be processed by the Polish Society of Reproductive Medicine and Embryology (PTMRiE) for the purposes of fulfilling the Society's tasks, as stipulated by the Statute, in accordance with the Personal Data Protection Act as of August 29th 1997 (Journal of Laws No.133, item 883). Under the Personal Data Protection Act, every person has the right to access and review their personal data. By filling out the Membership Information Update form, I agree to my personal information being included in the Polish Society of Reproductive Medicine and Embryology's database.

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date and place

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signature

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I hereby agree to receive information relating to the functioning of the Polish Society of Reproductive Medicine and Embryology (PTMRiE), including announcements regarding any planned general assembly meetings of the members, sent to the e-mail address I have provided.

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date and place

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signature

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