

**The Polish Society
of Reproductive Medicine and Embryology**
Membership Cancellation



1. Name and Surname _____
2. Physical address _____
3. Mailing address _____
4. Telephone number _____
5. E-mail _____

I, the undersigned, hereby declare that I wish to cancel my Polish Society of Reproductive Medicine and Embryology (PTMRiE) membership - I request that my name be removed from the list of Members.

date and place

signature