



**TO THE BULGARIAN ASSOCIATION
OF OXYGEN OZONE THERAPY
/B A O O T/**

MEMBERSHIP APPLICATION FORM

of.....

/first name, surname, family name/

business address:

specialty:.....

Mobile phone:.....e-mail:.....

Here I apply my wish to be admitted as a member of the Bulgarian Association of Oxygen Ozone Therapy /BAOOT/:

I state that I am familiar with the BAOOT Statute and agree to work to popularize and confirm the role of ozone therapy in Bulgaria.

I am aware of both the Madrid Declaration and the Bulgarian Consensus on oxygen ozone therapy and agree to work in accordance with the principles and rules established therein, putting patients health at no risk.

I agree that my personal data will be processed by Management Board of the Association for organizational purposes only, providing not being misused.

I wish to be registered on BAOOT web site as a member.

Date:

...../signature/