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| VARDAS  |
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| PAVARDĖ |
| GYVENAMOSIOS VIETOS ADRESAS, MIESTAS |
|  |  |  |
|  | DARBOVIETĖ |
| **8** | **6** |  |  |  |  |  |  |  |  |  |  |
| MOBILUS TELEFONO NUMERIS | ELEKTRONINIO PAŠTO ADRESAS |

*Lietuvos ortopedų traumatologų draugijai*

# PRAŠYMAS

PRIIMTI Į LIETUVOS ORTOPEDŲ TRAUMATOLOGŲ DRAUGIJĄ

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Prašau priimti mane į Lietuvos ortopedų traumatologų draugiją ir leisti tapti jos nariu(-e). Tapus draugijos nariu, įsipareigoju laikytis draugijos įstatų.

|  |  |  |  |
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|  |  |  |  |
|  | VARDAS PAVARDĖ |  | PARAŠAS |