



*Blood has no substitute: donate blood - save life!!!*

~BULGARIAN ORGANIZATION OF VOLUNTARY BLOOD DONATION~

## MEMBERSHIP APPLICATION

by:

Name/Company name:

PERSONAL №/BULSTAT/UIC:

Address:

Telephone

E-mail for contact and notifications, according to art. 22, par. 2 of the Statute of the association

**Respected members of the Managing board of BOVBD,**

I ask to be accepted as a \_\_\_\_\_ member of the non-profit association  
“**Bulgarian Organization of Voluntary Blood Donation**”.

I hereby declare that I am familiar with the Statute of the association and as a member I agree to observe it; I support and I am empathic to the aims of the association and wish to participate in the activities, performed by the association.

I agree to pay my membership fee.

I hereby declare that the information provided by me is accurate and true and that I will notify the association for every change that has occurred.

**Additional information for the needs of the association:**

1. Have you ever donated blood?
2. What is your blood type?
3. Would you become a blood donor if there are no contra-indications?
4. Have you or a relative of yours ever needed blood transfusion?

I agree that the association possesses my personal data.

I agree the information I have provided to be included in the database, kept for the needs of the association.

Date:

Signature