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|  | **«Eurasian Association of Cardiothoracic Surgeons»**  **www.eaacts.com е-mail: info@eaacts.com phone: +996 (312) 88 23 50** |

**To the chairman of the Association**

**Doctor of Medicine S.D. Joshibaev**

**APPLICATION FOR RECEPTION TO MEMBERSHIP OF**

**«EURASIAN ASSOCIATION OF CARDIOTHORACIC SURGEONS » (ЕАCTS).**

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| I, |  | , |
|  | name and surname |  |

am asking you to consider opportunity to accept me to membership in «Eurasian Association of Cardiothoracic Surgeons » (EACTS).

I undertake to comply with the provisions of the Charter.

I guarantee timely payment of membership fee.

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| Details | | | | | | | |
| Place of work: | |  | | | | |  |
| Position: | |  | | | | |  |
| Contacts: |  | |  |  |  |  |  |
|  | work phone | |  | mobile phone |  | e-mail | |

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