



**S i N A P S A**

SLOVENSKO DRUŠTVO ZA NEVROZNANOST  
SLOVENIAN NEUROSCIENCE ASSOCIATION

(Name and surname) .....

employed at .....  
(institution - address)

e-mail : .....

wish to become a ☐ regular ☐ student member of SiNAPSA, Slovenian Neuroscience Association.

I have read and consent to the Association Bylaws (<https://www.sinapsa.org/en/bylaws.php>).

Date and location: .....

Signature: .....

Signatures of endorsement from two members of SiNAPSA :

.....  
(name and surname)

.....  
(name and surname)

.....  
(signature)

.....  
(signature)

Please send the filled out form to SiNAPSA, Zaloška 4, 1000 Ljubljana, Slovenia or e-mail it to [info@sinapsa.org](mailto:info@sinapsa.org) \*\*.

\*Prior to filling out the form, please refer to SiNAPSA Bylaws Articles 11 to 15, which pertain to membership!

\*\* Your data will be handled in accordance with GDPR.