Application

for membership in the Student Scientific Society
 at Ludwik Rydygier Collegium Medicum in Bydgoszcz
 of the Nicolaus Copernicus University in Toruń

NAME	
SURNAME	
FIELD OF STUDY	
YEAR OF STUDY	
STUDENT ID NUMBER	
RESEARCH CLUB	SRC Medical Biology and Biochemistry
DEPARTMENT SUPERVISING THE CLUB	Department of Medical Biology and Biochemistry
FACULTY WITHIN WHICH THE CLUB IS FUNCTIONING	Faculty of Medicine
E-MAIL ADDRESS	
PHONE NUMBER	
STAMP AND SIGNATURE OF CLUB SUPERVISOR	
(Please complete in block letters or on a computer.)	
I consent to the processing of my personal data by the Student Scientific Society at Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń. I provide the data on a voluntary basis, reserving the right to check and correct them, in accordance with the provisions of the General Data Protection Regulation (GDPR).	
Date:	Candidate's signature
Consent to the processing of personal data I consent to the processing of my personal data for purposes related to the activity of the Student Scientific Society at Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń. Please be informed that you have the right to withdraw your consent at any time by notifying the Student Scientific Society about your decision by e-mail.	
Candidate's signature Annotations of STN Board**: STN board decides to admit/not admit the applicant – explanation on the other side – as a member of the Student Scientific Society at Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń	
Date, signature	

^{**} filled by the Student Scientific Society Board
*** cross out as appropriate