



Membership Application Form

We hereby confirm that we have read and understood the charter & terms of membership of GeLab and are willing to become a member of this association and participate in its activities

1. INFORMATION ABOUT THE COMPANY (LABORATORY)

Name of the company	
Legal status	
ID Number	
Company Registration date (DD / MM / YY)	
Field of activity	
Director / Head of the company (First name / last name)	
Company Address	
Tel/Cell	
E-mail	
Webpage	

2. INFORMATION ABOUT THE THE CONTACT PERSON

First name, last name	
Position	
Tel/Cell	
E-mail	



საქართველოს ლაბორატორიების ასოციაცია

Georgian Laboratory Association

3. PLEASE ANSWER THE FOLLOWING QUESTIONS:

3.1. What are the expectations from the membership of Georgian Laboratory Association?

3.2. According to your opinion what should be the priorities of Georgian Laboratory Association?

4. INFORMATION ABOUT THE MEMBERSHIP CONFIRMATION:

IN ORDER TO BECOME THE FULL MEMBER OF THE GEORGIAN LABORATORY ASSOCIATION:

- 4.1. YOU SHOULD SEND COMPLETED AND SIGNED (SEALED, PREFERABLE) MEMBERSHIP APPLICATION FORM;
- 4.2. THE ASSOCIATION SHOULD SEND THE WRITTEN CONSENT REGARDING YOUR COMPANY'S ACCEPTANCE AS A MEMBER;
- 4.3. BASED ON THE INVOICE ISSUED BY THE ASSOCIATION, YOU SHOULD PAY THE ANNUAL MEMBERSHIP FEE – **300 GEL**.

First name and last name

Signature

Date

As a full-fledged representative of _____ (*name of the company / laboratory*), I certify my consent to join the Georgia Laboratory Association and with my signature I confirm that the information presented in this application is correct!