# IESNIEGUMS

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**lūdzu uzņemt mani par biedru**

**Latvijas Zobārstu asociācijā.**

Par sevi sniedzu sekojošas ziņas:

1. Dzimšanas gads ............................. personas kods.........................................

2. Adrese .............................................................................................................

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3. Absolvētā mācību iestāde ................................................................................

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4. Darba vieta ......................................................................................................

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5. Specialitāte ......................................................................................................

6. Amats ..............................................................................................................

7. E-pasts**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

8. Telefons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Datums** ...................................... **Paraksts** .................................................