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| ioglogo**İSTANBUL ORIENTEERING SPOR KULÜBÜ DERNEĞİ**  **ÜYE BAŞVURU VE BİLGİ FORMU** |

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| **NÜFUS KAYIT BİLGİLERİ**   |  |  | | --- | --- | | **T.C.Kimlik No.** |  | | **Adı** |  | | **Soyadı** |  | | **Baba Adı** |  | | **Ana Adı** |  | | **Doğum Yeri** |  | | **Doğum Tarihi** |  | | **Medeni Hali** |  |   **KAYITLI OLDUĞU**   |  |  | | --- | --- | | **İl** |  | | **İlçe** |  | | **Köy/Mahalle** |  | | **Cilt No.** |  | | **Aile Sıra No.** |  | | **Sıra No.** |  |   **CÜZDANIN**   |  |  | | --- | --- | | **Verildiği Yer** |  | | **Veriliş Nedeni** |  | | **Kayıt No.** |  | | **Veriliş Tarihi** |  | | **DİĞER BİLGİLER**   |  |  |  | | --- | --- | --- | | **Mesleği** | |  | | **Öğrenciyse Okulu** | |  | | **Bildiği Yabancı Dil** | |  | | **Ev Adresi** | |  | | **İş Adresi**  ***Varsa*** | |  | | **Telefonu** | **Ev** |  | |  | **İş** |  | |  | **Cep** |  | |  | **Faks** |  | | **e-posta** | |  | | **Kan Grubu** | |  | | **Sürekli Hastalığı** | | Var  Yok Varsa Adı : | | **Sağlık Güvencesi** | | SGK Diğer : | | **Kaza Anında İlk Haber Verilecek Kişi** | | | | **Adı Soyadı** | |  | | **Telefonu** | **1** |  | |  | **2** |  | |
| |  | | --- | | Derneğimize sağlayabileceğiniz katkılar : Koşmak, hedef bulmak, parkur hazırlamak, bu sporu bilmeyenlerin de öğrenmesini sağlamak... | | |
| |  |  |  | | --- | --- | --- | | **IOG Tüzüğü 3. Maddesi gereği üye adaylarının en az 5 (beş) yıldır dernek üyesi olan ve aidat borcu bulunmayan 5 (beş) kişinin referansını alması gereklidir.** | | | | **Referanslarınız:** | 1. | 2. | | 3. | 4. | 5. | | |

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| ***İOG Yönetim Kurulu Başkanlığına***  ***Derneğinizin tüzüğünü okudum. Üye olmak istiyorum.*** | ***Saygılarımla,*** |
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| **YÖNETİM KURULU KARARI**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yönetim Kurulu Toplantı Tarihi** |  | |  |  | | --- | --- | | **Üye No** |  | | | **Karar No.** |  | |