SURNAME:

NAME:

ADDRESS:

PHONE NUMBER:

E-MAIL ADDRESS:

PROFESSION/OCCUPATION:

 To non Profitable Association

EUROPEAN FESTIVAL OF ANCIENT GREECE ASSOCIATION OF SOCIAL PROMOTION

“EFAE APS"

 (DATE)

Dear Sirs,

Having read and comprehended the objectives of “EFAE APS" non profitable organization», as they are stated in its Articles of the statute, I hereby would like to apply to become an associate member of “EFAE APS".

I, am hereby consenting that EUROPEAN FESTIVAL OF ANCIENT GREECE ASSOCIATION can process my personal data provided through this application for the purpose of email notifications, event invitations and general assembly meetings as well as public appearance of my name and surname in the Members Section of the Association’s website.

I am aware and I was informed that I may withdraw my consent or exercise any of my other rights under the GDPR at any time by sending such a request via email at info@efae.gr or by post at 5B Campegna str. 80124 Naples - Italy

Signed by

Signature:

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