



MEMBERSHIP APPLICATION FORM ENDEMIT CULTURAL ASSOCIATION

I, the undersigned,

Name and surname:

Address:

Date of birth:

Contact (email):

declare that I:

- wish to become a member of the Endemit Cultural Association,
- am over 18 years old,
- agree with the society's purpose and goals, accept and will operate according to its valid statute, publicly available on the official website, and in accordance with the decisions, accepted by the management and bodies,
- consent to the processing of my personal data*.

Date and place:

Signature:

*Your personal data will only be used for the purposes of organizing association's activities. The purposes include keeping the members' registry, informing you about the activities or meetings. In case of withdrawal of your consent or exclusion from the association, your data will be deleted from the records on the day your membership ends. We will not transfer your personal data to third parties but may share them with our volunteers or support service providers. As a member of the association, you can request access to your personal data or request incomplete data to be rectified.