

# CEEGOG MEMBERSHIP APPLICATION FORM

(I hereby agree that my personal data specified below may be collected and processed by CEEGOG for the purpose of its activities to the fullest extent permitted by law.)

NAME AND SURNAME: …………………………………………………………………………………..

AFFILIATION TO A CENTER: ……………………………………………………………………………..

CENTER ADDRESS: ……………………………………………………………………………………………..

BIRTH NUMBER/DATE OF BIRTH: ……………………………………………………………………..

PHONE NUMBER/EMAIL ADDRESS: ………………………………………………………………….

DATE OF SUBMISSION: …………………………………………………………………………………….

SIGNATURE: ……………………………………………………………………………………………………..