



LAZARUS UNION

UNION CORPS SAINT LAZARUS INTERNATIONAL – CSLI

ZVR-ZAHL: 023914681

## APPLICATION FORM SUPPORTING MEMBERS

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*SURNAME*

*FIRSTNAME*

*TITEL*

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*POSTAL CODE COUNTRY/CITY*

*STREET*

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*DATE OF BIRTH*

*CITIZENSHIP*

*PROFESSION*

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*PHONE*

*MOBILE*

*EMAIL*

"I HEREBY DECLARE MY ACCESSION AS A SUPPORTING MEMBER OF THE ASSOCIATION "UNION CORPS SAINT LAZARUS INTERNATIONAL" AND ACCEPT THE STATUTES OF THE ASSOCIATION NOTED. I HEREWITH STATE THAT I WILL PAY AN ANNUAL FREELY CHOSEN MEMBER FEE OF EUR  (AT LEAST 24,- PER ANNO) AT MATURITY.

I ALSO DECLARE THAT I WILL NOT BRING FORWARD WHATSOEVER CLAIMS FOR INJURIES OR DAMAGES AGAINST THE SOCIETY OR ITS INSTITUTIONS MAINTAINS THAT I, DUE TO DAMAGE OR INJURIES, WHICH I IN THE CONTEXT OF MY WORK FOR THE CSLI MAY EVER SUFFER. I THEREFORE EXPLICITLY RENOUNCE TO THIS ASSERTION. THE EXERCISE OF MY DUTIES FOR THE UNION CORPS SAINT LAZARUS INTERNATIONAL IS AT MY OWN RISK." .

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I AGREE THAT MY PERSONAL DATA (AS SPECIFIED BY ME IN THE FORM) WILL BE PROCESSED BY THE LAZARUS UNION TO SETTLE THE APPLICATION.

YOU CAN REVOKE THIS CONSENT AT ANY TIME.

DATE

SIGNATURE

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