



LAZARUS UNION  
UNION CORPS SAINT LAZARUS INTERNATIONAL – CSLI  
ZVR-ZAHL: 023914681

## APPLICATION FORM FOR MEMBERS

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*SURNAME*

*FIRSTNAME*

*TITEL*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*POSTAL CODE COUNTRY/CITY*

*STREET*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*DATE OF BIRTH*

*CITIZENSHIP*

*PROFESSION*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*PHONE*

*MOBILE*

*EMAIL*

I HEREBY DECLARE MY ACCESSION AS A MEMBER OF THE ASSOCIATION "UNION CORPS SAINT LAZARUS INTERNATIONAL" AND ACCEPT THE STATUTES OF THE ASSOCIATION NOTED. AS A MEMBER, I AM RELIEVED FROM PAYING A MEMBERSHIP FEE BUT IT IS EXPECTED THAT FOR I WILL ACQUIRE WITHIN TWELVE MONTHS FROM THE DATE OF ACCEPTANCE AS A MEMBER ONE OF THE STAGES OF THE „CSLI FOUNDATION CROSS“.

I WOULD BE INTERESTED IN ACTIVE PARTICIPATION, FOR EXAMPLE, TO VOLUNTARY RELIEF OPERATIONS

IN MY CITY

IN MY STATE/COUNTRY

ABROAD



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IN ADDITION, I HAVE THE FOLLOWING SKILLS :

DRIVING LICENCE (KIND OF THE LICENSE):

PILOT'S LICENSE KIND OF THE LICENSE

LIFEGUARD

DIVER

DIVER INSTRUCTOR

MEDICAL EDUCATIONS AS  MEDICAL DOCTOR (MD)  NURSE  AMBULANCE MAN

I ALSO DECLARE THAT I WILL NOT BRING FORWARD WHATSOEVER CLAIMS FOR INJURIES OR DAMAGES AGAINST THE ASSOCIATION OR ITS ORGANS 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.

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 \_\_\_\_\_