LAZARUS UNION

UNION CORPS SAINT LAZARUS INTERNATIONAL – CSLI

ZVR-ZAHL: 023914681

APPLICATION FORM
COMPANIES AND ASSOCIATIONS

NAME OF COMPANY/ASSOCIATION		
POSTAL CODE	*COUNTRY/CITY*	*STREET*
REPRESENTED BY		
PHONE	MOBILE	*EMAIL*

WE HEREBY DECLARE OUR ACCESSION AS A SUPPORTING MEMBER OF THE ASSOCIATION "UNION CORPS SAINT LAZARUS INTERNATIONAL" AND ACCEPT THE STATUTES OF THE ASSOCIATION NOTED. WE HEREWITH STATE THAT WE WILL PAY AN ANNUAL FREELY CHOSEN MEMBER FEE OF EUR _____ (AT LEAST 50,- PER ANNO) AT MATURITY.

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

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

WE CAN REVOKE THIS CONSENT AT ANY TIME.

DATE _____ LEGAL SIGNATURE & STAMP _____