



Application form for a member of Santikaram Association Slovakia

1. Name, surname, title:
2. Date of birth:
3. Address:
4. Telephone, mobile:
5. E-mail:

I hereby apply as a member of Santikaram Association Slovakia. I agree with the statutes of the association and I declare that I have read them properly, I know them appropriately and I will carry out my activities in the association in accordance with them. At the same time, I declare that I will actively participate in the activities of the association and I will pay the membership fees properly.

At the same time, I agree with the processing and registration of data and informations stated in this application, exclusively for the internal needs of Santikaram Association Slovakia, in accordance with Act no. 428/2002 Coll. on the protection of personal data (in Slovak Republic).

At date

Signature

Consent of the parent or the legal representative for the minor applicant
(between 15 to 18 years):

Name and surname: Signature

You are welcome to send the completed and signed application form or deliver it in person to the address: Santikaram Association Slovakia, Stranske 290, 01313 Stranske, Slovakia, Europe Union
Tel.: +421 905 838 074, +421 950 411 159, e-mail: santikaram.slovakia@gmail.com