APPLICATION FOR MEMBERSHIP

In the Czech Biophysical Society (České biofyzikální sdružení, z.s.),
Královopolská 135, 612 65 Brno, IČ 14418797, registered at the regional court in Brno under the record mark L 28230/RD8/KSBR

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| Personal membership: |  |
| First (given) and last name, titles \*:Organization \*: |  |
| Address of the organization \*:Position within the organization \*: |  |
| Delivery address \*:  |  |
| Home address \*: |  |
| Date of birth \*: |  |
| E-mail \*: |  |
| Phone number\*\*: |  |
|  |
| Organization/institutional membership: |  |
| Company/institution name \*: |  |
| Address \*: |  |
| Identification (tax ID) number: \*: |  |
| Person representing the organization \*:  |  |
| Contact E-mail \*: |  |
| Contact phone number \*\*: |  |

I hereby agree to collection and processing of my personal data listed on the application form exclusively for the purpose of registering members of the Society, contacting them and informing them about the Society’s activities and the exercise of the Society’s rights and duties with respect to members.

Yes No \*\*\*

Note: The provided personal data is collected in accordance with the Civil Code of the Czech Republic (89/2012 Coll.) and with the Society‘s statutes, solely for the purposes of registration of the Society‘s members and the exercise of Society’s rights and duties with respect to members and the exercise of members‘ rights, such as participating and accepting resolutions of the Society‘s governing body (at the association's general meeting). The protection of personal data is governed by Act No. 110/2019 Coll., on the processing of personal data, and General Regulation No. 2016/679 on the protection of personal data (GDPR).

By providing my consent, I confirm that I am familiar with the Society‘s statutes and undertake to comply with them. I understand that I only become a member of the Society after this application has been approved by the relevant authority of the Society and the initial membership fee has been paid to the account of the Society.

Date \*:
Place \*:

Signature \*:

Notes: \* - required; \*\* - not required; \*\*\* - mark one option
**Please send your scanned application to josef.lazar@lf1.cuni.cz**