

MEMBERSHIP FORM
MALTA AIR - PILOTS

First Name Last Name			
Employed by	MALTA AIR		
Rank	Based in	Date of employm	ient / /
Staff Number _		Part Time no yes part	time option
Italian Social Se	ecurity Number (cod	lice fiscale)	
Date of Birth	//	Place of Birth	
Nationality			
Address (where	ever you want to rec	eive our mail)	
ZIP code	City		Prov
Country		Mobile Phone	
E-mail (capital l	etters)		
Already covere	d by APPN insuranc	e? YES NO	

I request to join ANPAC, as an ordinary member, pledging to observe the statutory provisions and any other decision of ANPAC.

I hereby authorize MALTA AIR to deduct, on monthly basis:

Captain€ 45,00 (forty-five/00)First officer€ 25,00 (twenty-five/00)

as union fee payment and to transfer it to ANPAC.

Informed by 'ANPAC' of my rights according to DLG No. 196/2003, I hereby express my consent to process my personal data.

I hereby give my consent that ANPAC and my employer process my personal data within the boundaries of my contract and the applicable legislation.

Date ____ / ____ / ____

Signature_____

Associazione Nazionale Professionale Aviazione Civile | ECA, IFALPA and EURECCA member