

MEMBERSHIP FORM MALTA AIR / TS - Cabin Attendants

First Name		Li	Last Name	
Employed by	Malta Air /	TS		
Rank	Base	d in	Date of employment	//
Crewcode		Part Time no	yes part time option	on
Italian Social Security Number (codice fiscale)				
Date of Birth _	//	Place of Birth _		
Nationality				
Address (wherever you want to receive our mail)				
ZIP code	City _			Prov
Country Mobile Phone				
E-mail (capital letters)				
any other deci	ision of ANPAG Prize the above CSS	C	edging to observe the statu o deduct, on monthly basis:	itory provisions and
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.				
boundaries of In addition, ar	my contract and with immed	nd the applicable legisl	mployer process my personation. equest to cancel any other	
Date /	/	Signa	ture	

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