

MEMBERSHIP FORM (Pilots)

First Name _____ Last Name _____

Company _____ Type of Contract (i.e. BRK / STORM / AFA) _____

Rank _____ Based in _____ Date of employment ____ / ____ / ____

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*) _____

Already covered by APPN insurance? YES ☐ NO ☐.

Method of payment:

- ☐ Credit Card
- ☐ Sepa Direct Debit
- ☐ Bank Transfer

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

I undertake to pay the monthly membership fee:

- ☐ Captain € 45,00 (fortyfive/00)
- ☐ First Officer € 25,00 (twentyfive/00)
- ☐ Pilot Line training € 10.00 (ten/00)

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

Date ____ / ____ / ____

Signature _____