

Special Membership application (without notice to Company)

It's well known that some Airlines place a more or less explicit prohibition, to its pilots and cabin attendants, against joining a professional association.

This is a trend that leads many professional crews to be unable to enjoy a right that, in the world, most of pilots and cabin attendants may freely exercise by taking advantage of the protections and possibilities that the professional association brings with itself.

ANPAC offers a chance to overcome this limitation with a special "hidden" membership which is realized with an application that is NOT followed by a membership communication to the Company.

The target we propose is to reach a critical mass of members that will allow us, only when the Members decide, to start talking, with serenity and determination, so that everyone's rights are protected.

In the following pages you will find instructions dedicated to this form of membership.

Welcome on board! ANPAC

Filling instructions (without notice to Company)

- 1. Complete the enclosed membership form with your data and sign it.
- 2. Send the registration form by fax or email or mail referring to the "ANPAC contact" below.
- 3. One dedicated ANPAC staff member will get in touch with you to confirm receipt of your membership form.

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



SPECIAL MEMBERSHIP FORM

First Name	Last Name
Company	
Rank	Based in
Date of employment /	/
Italian Social Security Number (codice fiscale)	
Date of Birth / /	Place of Birth
Prov N	lationality
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 .	
I request to join ANPAC - Associazione Nazionale Professionale Aviazione Civile	
undertaking to pay the monthly membership fee:	
🗌 Captain	€ 45,00 (fortyfive/00)
First Officer	€ 25,00 (twentyfive/00)
Purser	€ 15,00 (fifteen/00)
Cabin Attendant	€ 10,00 (ten/00)
Informed by 'ANPAC' of my righ	ts according to DLG No. 196/2003, I hereby express my
consent to process my personal of	data.

Date ____ / ____ / ____

Signature _____

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