

MEMBERSHIP FORM

(Abroad employed pilot, UAS pilot, job seeker, flying school, training pilot)

First Name _____ Last Name _____

Employed by _____ Rank _____ Training school _____

Based in _____ Date of employment ____ / ____ / ____

Staff Number _____

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 ☐

I request to be a member of ANPAC – Associazione Nazionale Professionale Aviazione Civile - by committing to pay the annual membership fee of:

- | | |
|---|-----------------|
| <input type="checkbox"/> Abroad employed Member | € 120,00 |
| <input type="checkbox"/> UAS Pilot Member | € 60,00 |
| <input type="checkbox"/> Job Seeker Member | € 120,00 |
| <input type="checkbox"/> Flying School Member | € 120,00 |
| <input type="checkbox"/> Training Pilot Member | free membership |

and to observe the statutory rules and any other resolutions of ANPAC.

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

Date ____ / ____ / ____

Signature _____