

ASSOCIATION OF FRIENDS OF THE JEWISH MUSEUM OF GREECE (SFEME)

To the Board of Directors of the Association
"Association of Friends of the Jewish Museum of Greece"
39 Nikis Street, 105 57 Athens
tel. 210 32 25 582
E-mail: friends@jewishmuseum.gr

Date of application, __/__/__

MEMBERSHIP APPLICATION

Please accept my membership application of your association, the aims of which I am well informed.

NAME		SURNAME	
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FATHER'S NAME		MOTHER'S NAME	
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ID NUM		PASSPORT NUM	
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TIN NUMBER

COMMUNICATION ADDRESS

STREET		NUM	
CITY		ZIP	
COUNTRY			

CELL PHONE	
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EMAIL ADDRESS	
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I agree to the use of my e-mail address for communication with SFEME and the Jewish Museum of Greece (events, exhibitions, updates and other correspondence).

I have been informed and I accept the processing of my personal data by the Association under the name " ASSOCIATION OF FRIENDS OF THE JEWISH MUSEUM OF GREECE " and by the " JEWISH MUSEUM OF GREECE " for the purposes and as described in detail in the Personal Data Section (indicatively, for participation and updating of events, exhibitions, newsletters, subscription payments and all other correspondence).

The communication will be exclusively by e-mail (For saving and environmental reasons)

Recommendation of the following two members

a) Members name		email	
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b) Members name		email	
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Signature