

<p>SURNAME:</p> <p>NAME:</p> <p>ADDRESS:</p> <p>PHONE NUMBER:</p> <p>E-MAIL ADDRESS:</p> <p>PROFESSION/OCCUPATION:</p>	<p>(DATE)</p> <p>To non Profitable Association DIAZOMA</p> <p>Dear Sirs,</p> <p>Having read and comprehended the objects of «DIAZOMA non profitable organization», as they are stated in its Articles of Incorporation, I hereby would like to apply to become an associate member of DIAZOMA.</p> <p>I, _____ am hereby consenting that Diazoma Association can process my personal data provided through this application for the purpose of email notifications, event invitations and general assembly meetings as well as public appearance of my name and surname in the Members Section of the Association’s website. I am aware and I was informed that I may withdraw my consent or exercise any of my other rights under the GDPR at any time by sending such a request via email at <a href="mailto:info@diazoma.gr">info@diazoma.gr</a> or by post at 30 Bouboulinas str. 10682 Athens Greece.</p> <p>Signed by</p> <p>Signature:</p>
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