

## **Membership application**

First name:

By signing this form I apply for the membership of the association

## "World Privacy and Identity Association (WPIA)"

Last name:

as ordinary member. I accept that all following data is taken for the membership register and communication and is processed digitally.

| Nick name:*  | DoB:  |
|--|---|
| Email:**   | Phone:*   |
| Country/ZIP:   | Town:   |
| Address:  * voluntary statement; ** primary email address according to the sta   | atutes § 11 Sec.2 Num 7;  |
| With the acception I will be full member according to the association rules §7 Sec. 2 and receive the right to use the association offerings without any restrictions. |   |
| As full member I declare to offer to support the a association projects or fiscal contribution. Furthe liabilities as member according to the association              | rmore I declare that I took notice of the rights and  |
| <ul><li>meetings.</li><li>that the given email address is my primar</li></ul>  | electronic communication and online general<br>ry one to which all information regarding the<br>submit any change of the primary email address<br>he association in the last binding version. |
| your private data for association purposes and co  | splicitly agreed by you. You agree with the use of communication means; we may contact you via decline further use of your private data by sending  |
| I may give notice by post or electronically signed without giving any reasons.   | email to cancel my membership at any time   |
| Place and date   | Signature   |

World Privacy and Identity Association (WPIA)

Postal Adress: c/o realraum, Brockmanngasse 15, A-8010 Graz, Österreich/Austria • E-Mail: info@wpia.club ZVR-No: 910 115 306 • DVR: 4017450 • Association authority: Landespolizeidirektion Steiermark

Please submit the filled and signed application form via mail or digitially signed email to the association office.

Area for digital signature block: