

THE AMERICAN WOMEN'S ORGANIZATION OF GREECE – www.awogreece.org MEMBERSHIP and GDPR FORM

Full name:					
Full mailing address:					
Email: Telephone: Greek A.Φ.Μ. (AFM/tax ID #): Place & date of birth (year is optional): Occupation and Special Interests: (charity work, fundraising, crafts, etc.):					
			If you have responded NO to the abov	e question, state n	ationality:
			* Section for non-U.S. Citizens: Your me	embership applicati	on must be sponsored and signed
by two members in good standing. Plea	ise have them fill in	and sign below:			
(1) Name & signature of sponsor	(2) N	lame & signature of sponsor			
PART B. Consent to GDPR (General Da		lation) under EU Regulation 2016/679			
data (GDPR), I consent to the uby "The American Women's O	use and manageme rganization of Greed	n 2016/679 on the protection of personal nt of my personal data listed on this form ce" for the purpose of attending/voting at ns and receiving informative and ongoing			
•	ise and managemer	n 2016/679 on the protection of personal nt of my photos on social media platforms,			
-	·	onsent by notifying us through email			