



APPLICATION FORM OF A PROPER MEMBER TO THE SLOVAK PHARMACEUTICAL STUDENTS' ASSOCIATION

Name and surname:.....

ISIC card number (including letters).....

Permanent address:

.....

Study programme on Faculty of Pharmacy of Comenius University:

- Pharmacy (Master)
- Postgraduate (PhD.)

Year of study:

Mobile number:

E-mail:

By my signature, I confirm my interest in becoming a proper member of the Slovak Pharmaceutical Students' Association. I declare that all the given information is true. In accordance with § 14 of Act no. 18/2018 on personal data protection and amending and supplementing certain Acts I agree by my handwritten signature that the Slovak Pharmaceutical Students' Association process my personal data for the purposes of membership in the Slovak Pharmaceutical Students' Association during the term of my membership. This consent applies to the personal data contained in the application. I understand that I can withdraw this consent at any time by registered letter. At the same time, I acknowledge that the data can be processed only by authorized persons, who are obliged to comply with the provisions of Act no. 18/2018 on personal data protection and amending and supplementing certain Acts, and processed data will be archived and disposed of following the applicable legislation of the Slovak Republic.

Date:

Signature: