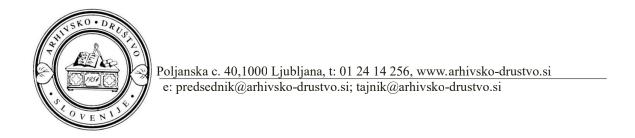
MEMBERSHIP APPLICATION FORM

Surname and forename*	
Date and place of birth	
Full Address Including	
Postcode	
(to which all communications should be sent)*	
Qualifications: (please give full titles and where gained)	
Employer's Address	
Job Title/Status	
Telephone*	
E-mail address*	

^{*}mandatory info



PERSONAL DATA PROTECTION

EXPLICIT CONSENT

In order to comply with the General Data Protection Regulation we need your EXPLICIT CONSENT by completing the form below to confirm that you are happy for us to retain your details so that we can contact you with information relating to the Archival Society of Slovenia (ADS) and the record keeping profession.

We would hold your data for the following: □ administration of your membership, □ administration of all ADS events including conventions, □ administration of Archival Heritage Awards Recipients, □ ADS Publications and websites,
☐ used in a mailing list by the Society's publishers to distribute ADS publications.
Please note photographs taken at the Society events may be published by the ADS's publications, on the ADS website or in the media generally.
If you have any concerns relating to Data Protection, please contact the ADS Secretary.
Please indicate below if you wish to be informed about the events of similar organizations: YES NO
I confirm the information in this form is correct and I am happy to receive communications from the Society as indicated above.
Place and date:
Signature: