

MEMBERSHIP FORM

Norwegian (Pilots)

First Name _____ Last Name _____

Employed by **NARH** Fleet: Long Haul , Short Haul

Rank _____ Based in _____ Date of employment ____ / ____ / ____

Staff Number _____ Part Time no , yes part time option _____

Italian Social Security Number (codice fiscale) _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Nationality _____

Address (wherever you want to receive our mail) _____

ZIP code _____ City _____ Prov. _____

Country _____ Mobile Phone _____

Already covered by APPN insurance? YES NO

E-mail (*capital letters*) _____

I request to join ANPAC, as an ordinary member, pledging to observe the statutory provisions and any other decision of ANPAC.

I hereby authorize NARH to deduct 1% of my monthly salary (basic salary + guaranteed flight allowance) as union fee payment and to transfer it to ANPAC.

Informed by 'ANPAC' of my rights according to DLG No.196/2003, I hereby express my consent to process my personal data.

I hereby give my consent that ANPAC and my employer process my personal data within the boundaries of my contract and the applicable legislation.

In addition, and with immediate effect, I hereby request to cancel any other membership I have previously signed in favour of other unions.

Date ____ / ____ / ____

Signature _____