**Membership Application Form for the CzeSEV , z.s.**

**Full name:**

**Date of birth:**

**Permanent address:**

**Correspondence address (if different from permanent address):**

**Phone number:**

**Email:**

*By signing this application, I confirm that I have read and agree with the valid Statutes of CzeSEV, z. s. (registered society, hereinafter referred to as “the Society”). I am applying for membership in the Society and I am willing to respect the decision of the board, which determines membership. If accepted, I undertake to exercise my membership rights and fulfill my obligations as a member, to actively participate in the Society’s activities and in fulfilling its objectives, and to comply with its statutes, internal regulations, and decisions of its governing bodies, with which I have been acquainted.*

*In accordance with Act No. 101/2000 Coll. on the Protection of Personal Data, I hereby give my consent, as a member of the CzeSEV, z. s. (Czech Society for Extracellular Vesicles), to the use of the personal data provided in this application by the Society’s bodies for internal processing purposes to the extent necessary, and to storing it in a database for the required period, i.e., a maximum of 5 years. The provided consent is automatically renewed for an additional one-year period unless membership is terminated in accordance with the statutes.*

*I confirm that the information provided is true and accurate.*

**Date:**

**Signature:**