## BONA ONA, Association for Information and Awareness on Non-Ionizing Radiation

I hereby <u>request</u> the admission as an associated person of **Bona Ona, Association for Information and Awareness on Non-Ionizing Radiation**, I expressly <u>accept</u> the statutes and the regulations of the internal regime thereof, and <u>I</u> <u>set up the direct debit order</u> from the date that I indicate below.

Name +Surname:	DNI/NIE	Date of Birth:	
Address:		PC:	<u> </u>
E-mail:	Telephone:		
IBAN:	5	SWIFT:	_
Membership fee options:			
<ul><li>☐ Regular membership subscription</li><li>☐ For 2021 I would like to give a sol</li><li>☐ I want to give an annual solidarity</li></ul>	lidarity fee of EUR (from 20	022 I pay will the regular sub	oscription of 30 EUR)
Note: The first instalment correspond by direct debit in the first quarter of to be admitted as an associate. The that follow the submission of this fo	f the calendar year in the accou application for admission will h	nt provided. The SEPA direct	t debit order is mandatory
Subscription payment options:			
<ul> <li>□ I will pay my fee for year 2021 by 4505 2828 1006 9033, BIC: CCRI subscription + name and surnam</li> <li>□ I will pay all my fees by direct del</li> </ul>	IES2AXXX and send the receipt the (s), from 2021 direct debit wi	to bonaona@bonaona.org (S	
I authorise the payment of the succ subscription fifteen days prior to De		ears unless I have informed	of my wish to cancel my
I hereby sign as acknowledgement of <b>Association for Information and</b> established in articles 8 and 9 of the admission at the first meeting of the data of this application to the internal Admission as an associated person	Awareness on Non-Ionizing a Statutes. The registration as an a Association's Board (according all database and to the system of	<b>Radiation</b> , I am aware of m n associate of Bona Ona will g to Art. 6 of the Statutes), th of electronic banking of our f	ny rights and obligations I be effective with the he incorporation of the
,of 2022	I Applicant's signature		

By signing this application, I give my consent for the incorporation of my personal data in the data processing system of BONA ONA, Association of Information and Awareness on Non-Ionizing Radiation, its' use related to the association and its purposes, the reception of communications, as well as its conveyance to the Insurance Company for the exclusive purposes of contracting the Insurance policy for the purposes of the Association. The data provided is confidential and will be kept as long as the condition of associate is held, or during the years necessary to comply with legal obligations, for the purposes of the administrative management of the Association. The data will not be transferred to third parties except in cases where there is a legal obligation. I have the right to obtain confirmation about the treatment that the Association carries out of my personal data, therefore I will be able to exercise my rights of access, rectification, limitation of treatment, deletion ("right to be forgotten"), portability, opposition and revocation, in the terms established by the current and applicable regulations on data protection, by reliable communication or with acknowledgment of receipt at the address of the Association, -Calle Major, 7, 2°, 07500 Manacor (Balearic Is) -by mail or by email to bonaona@bonaona.org, in accordance with the provisions of LO 15/1999 and its implementing regulations. Balearic Is Registry of Associations number: 311000010801