MEMBERSHIP DECLARATION

Please accept me as a member of the Wetlands Conservation Centre association.

I have read the [Statute](https://bagna.pl/statut) and [Privacy Policy](https://bagna.pl/images/CMok/RODO.pdf) of the Association and accept their provisions.

I declare my will to implement the goals of the Association, which is to protect nature,

and wetlands in particular.

Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(street, house number, postal code, town)*

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I want to participate in the Association's current e-mail correspondence YES NO

Profession, interests, expectations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I consent to the processing of my personal data by the Wetlands Conservation Centre, in accordance   
with the Personal Data Protection Act of 10 May 2018 (Journal of Laws of 2018, item 1000)   
and in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016.

Date and signature