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| Infini + lettres | Membership form*Members* |  |

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| *Fields with \* are required.*Your NAME + LAST Name\*: Cliquez ou appuyez ici pour entrer du texte.Ms / Mrs\*: Choose an element E-mail\*: Cliquez ou appuyez ici pour entrer du texte. Personal number\*: Cliquez ou appuyez ici pour entrer du texte. Statut\*: Choisissez un élément. Institution\*: Choisissez un élément. DG/AG/Institution: Cliquez ou appuyez ici pour entrer du texte. Building: Cliquez ou appuyez ici pour entrer du texte. Floor / office: Cliquez ou appuyez ici pour entrer du texte. Grade / Step: Cliquez ou appuyez ici pour entrer du texte. Telephone: Cliquez ou appuyez ici pour entrer du texte. Date of birth: Cliquez ou appuyez ici pour entrer une date.Nationality: Choisissez un élément. Home address or private email: Cliquez ou appuyez ici pour entrer du texte. *Your private email will allow us to contact you if your professional email is suspended*Reason(s) for your membership\*: Cliquez ou appuyez ici pour entrer du texte.*Please give us a brief description of the reason(s) why you want to become a member of our trade union.*Amount of your annual contribution: Choose your annual contribution according with your base salary \*Your account number (IBAN)\* : Cliquez ou appuyez ici pour entrer du texte.To access our services, we advise our future members to set up a permanent annual transfer according to the duration of their employment contractKBC 734- 0115394 - 70Secretariat stamp:IBAN BE 60 7340 1153 9470SWIFT/BIC KREDBEBB*If you want to stop your membership, you shall delete your automatic bank transfer and send us an e-mail to this functional mail-box:* osp-sfe@ec.europa.eu *.*[x]  **By submitting this form, I accept that the personal data entered will be processed by the SFE union. These data will not be used for commercial purposes or transferred to another entity. I can consult my data, modify and delete them by written request to the secretariat.**[x]  **I understand that I will receive union communications from SFE (info-members) via my email address.**[x]  **I have read and accept**[****the Statute of the SFE union****](https://www.conf-sfe.org/statute-sfe-en)**.**Request to be a member of S.F.E. \**(*\* *Only when we have received proof of payment of your first annual fee and this completed and signed application form)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Brussels, the 26 March 2021 Signature: ✍ |
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