

Acceptance date:

___/___/___

Member No.:

APPLICATION FOR MEMBERSHIP

All the fields marked with * are compulsory. Please fill out this form and send it via email to issec.sec@gmail.com. Please pay the expected fee¹ and send the proof of payment, or state the need for an invoice prior to the payment.

1. Member Name:

First Name*: _____ Middle Name: _____ Last name*: _____

2. Position* (fees: free for students that show a proof of status, 25€/year for any other):

Researcher Clinician Patient Association's representative² Student³

3. Contact information:

Institution/Department* (if independent, please write N/A): _____

Address*: _____

Zip Code*: _____ City*: _____

Country*: _____

Phone number with country code: _____

Email*: _____

4. VAT number (for the invoice/receipt): _____ Invoice needed: Yes No

5. I wish to receive information and news from ISSEC*: Yes No

The personal data collected is processed by ISSEC (International Scientific Society of Ectopic Calcification) with the purpose of keeping a record of the members and is based on your consent. The personal data collected will be stored by ISSEC until you stop being a member. From then on, only the data needed to fulfill fiscal obligations will still be kept. ISSEC will not share or transfer your personal data to any third parties.

As a data subject, you have the rights of the articles 15th to 18th of the GDPR, i.e., the right of access, rectification, erasure and restriction of the processing. You also have the right to withdraw the consent given at any time. In case you agreed to receive information and news from ISSEC on the field 5., you can object at any time. You can exercise any of these rights by contacting ISSEC via email at issec.sec@gmail.com.

Should you consider that ISSEC did not fulfil your rights, you have the right to lodge a complaint with the [CNIL](https://www.cnil.fr/fr/adresser-une-plainte)⁴ or with your local Supervisory Data Protection Authority.

I hereby request to be a member of ISSEC and declare that the data provided is true. I also declare I was informed about the data processing performed by ISSEC and consent to the processing of my data accordingly.

Date: ___ / ___ / _____

Signature: _____

¹ Details for the transfer: IBAN: FR76 1513 5005 0008 0055 9611 868, BIC/SWIFT: CEPAFRPP

² Maximum of 2 representatives per Association are allowed. Please send a proof issued by the association.

³ In order to have a "student membership", please send a proof of the status - Undergraduate and PhD Students MUST provide a status confirmation by Department Chair or Scientific Advisor

⁴ <https://www.cnil.fr/fr/adresser-une-plainte>