

You can fill out the form by hand after printing and scan ("nice scans" please) , or fill out on a tablet and sign by hand in the application option: " comment " or " signature " The completed form should be sent to paa@ polaligner.org. association account no: 77 1090 2011 0000 0001 4497 5692, annual fee 600 PLN.

APPLICATION FORM TO JOIN THE ASSOCIATION:

POLSIH ALIGNER ACADEMY

CANDIDATE’S DATA:

Full Name:	
Title/Scientific degree:	
Major/Specialty:	
Nr PWZ:	
Correspondence address:	
Telephone Number:	
E-mail address:	
NIP number (tax identification number)	
Supporting member	
Supporting member	
Supporting member	
Why would you like to join:	

I declare that I am familiar with and I am ready to implement the statutory objectives. I also undertake to regularly pay the established membership fee. The amount of the fee is currently 600,- PLN and it is payable once in a calendar year cycle.

I give, in accordance with Article 7 (2) of the REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE EU COUNCIL 2016/679 of April 27, 2016, my express and voluntary consent to the processing of my personal data for the purpose of maintaining contact with the Polish Aligner Academy Association, of which I am a Member.

I am aware of my rights: access to data, rectification, erasure or restriction of processing, the right to data portability, to file an objection, and the right to withdraw consent.

The administrator of the personal data is the Polish Aligner Academy, based in Wroclaw (54-079), 33 Jana Mydlarskiego Street.

Data, signature, seal .....

*POLSKA AKADEMIA ALIGNEROWA  
NIP 8943151521, KRS 0000829203, REGON 385587202 ul.  
Jana Mydlarskiego 33, 54-079 Wrocław*