

**Application for membership in
"Good Friends 4U" foundation**

Member details:

First name _____

Last name: _____

Date of birth: _____

Gender: W M
 T

Address: _____

Telephone: _____

E-mail: _____

Membership fee:

The ongoing annual membership fee equals CHF 240 and is to be paid yearly.

Special conditions _____

The membership runs for an unlimited period of time and can be cancelled with 4 weeks' notice before

in written form. The membership for the current period, fixed in this agreement, is considered a free-will donation and will not be reimbursed.

Newsletter:

Our foundation newsletter informs you about upcoming activities, offers, special events, and provides useful information on related topics. The newsletter will be sent electronically to the specified E-mail address. It is possible to unsubscribe from the newsletter in written form.

I would like to be provided with current information as described above. I agree to the use of my name and E-mail address for the stated purposes:

YES NO

Production and usage of photo / audio / video recordings:

I give my consent to the taking of images, audio, and video recordings during events and other foundation activities. Also, I agree with further usage of these materials for the purpose of informing the public about the foundation. Taken materials can be viewed on the foundation's website, in printed media, mass media, and social media.

YES NO

Usage of personal data / privacy policy:

The foundation "Good Friends 4U" is responsible for the data processing activities described here. With my signature, I acknowledge that my personal data will be processed electronically and manually within the foundation on a contractual basis (membership). The purposes of processing are: organisational and professional administration, financial processing, membership management, delivery of foundation-related information, and media purposes.

Personal data will only be used by the foundation and for the stated purposes. The data will be stored as long as needed or legally required.

Terms and Conditions of Membership:

I hereby confirm that I read and agreed to the Terms and Conditions of my membership in the "Good Friends 4U" foundation (see Attachment 1).

Volunteering:

Foundation "Good Friends 4U" participates in charity projects and develops social initiatives.

I would like to help and occasionally support social events as a volunteer.

YES

NO

With my signature I confirm the application for membership in the "Good Friends 4U" foundation.

_____, Date: _____

Signature