



Membership application form

I hereby wish to become a member of the LARU a.s.b.l. With my signature, I certify that I have read and understood the bylaws (<https://laru.lu/bylaws> : F9810). I also agree that my callsign (once received) and name will be published in the online-callbook during the term of the membership. I allow LARU a.s.b.l. also to publish media content (eg. video, photos, ...) in the context of LARU activities or amateur radio on their web presences, even if I am recognizable on them. Single photos can be deleted on request if and as far as possible, if that concerned platform allows this. During my membership, I allow the use of my telephone number for chats, group chats and to receive communications concerning the association via various platforms.

First name: _____ **Last name:** _____

Nationality: _____ **Callsign:** _____ (if any)

Email: _____ **Birthdate:** _____

Street: _____ **No.:** _____

Town: _____ **ZIP:** _____

Mobile phone number: _____

Application for the following membership:

Basic membership (default)

Associate

Date: _____

Signature: _____

The data collected can be used internally and to disclose the membership list to the Luxembourg Business Registers. The Board of Directors checks submitted forms and validates them promptly.