

  HELLENIC REPUBLIC

 MINISTRY OF EDUCATION, RESEARCH AND RELIGIOUS AFFAIRS

 CENTRAL PUBLIC HISTORIC LIBRARY OF IOANNINA

“ZOSIMAIA”

REF. MEMBERSHIP...........................

SURNAME………………………………………………………………………………………………………………….

NAME ..............................................................................................................................

FATHER'S NAME …………………………………………………………………………………………………………

STUDENT IN .......................... GRADE

GUARDIAN’S NAME ........................................................................................................

NUM. ID / Passport (of the Guardian) ...........................................................................

PERMANENT ADDRESS ...... ... ....................................... ................................................ ……………………………………………………………………………………………………………………………………

TELEPHONE (OF PERMANENT ADDRESS) .......................................................................

 PRESENT ADDRESS ........................................................................................................

……………………………………………………………………………………………………………………………………

TELEPHONE OF PRESENT ADDRESS (MOBILE) ................................................................

 e-mail: ............................................................................................................................

Initial notification □ Modification □

I declare with knowledge of the consequences of Law. 2472/97 (Protection of individuals from the processing of Personal Data) that the above information is true and allocated to the PUBLIC CENTRAL HISTORICAL LIBRARY of Ioannina “ZOSIMAIA” for the issuing of the Membership Card.

Date Signature