

**INSTAP Study Center for East Crete
Membership Form**

Personal Information

Last name:

First name:

Archaeological Project:

Academic Affiliation and address:

Your permanent address:

Permanent Phone:

Work/cell Phone:

E-mail Address:

Nationality:

Emergency Contact Information

Emergency Contact Name:
and relationship

Emergency Contact Phone Number :

Health Insurance Information

Health Insurance Company:

Phone number of insurance company:

Your Policy Number:

Health Issues (such as allergies and medications used):

Recommended Immunizations: the following immunizations are recommended by the Study Center for those working in Greece: Measles, Mumps, Rubella, Tetanus/Diptheria (must be within the last ten years), Meningitis, Polio booster, Hepatitis A, and Hepatitis B.

Please consult your physician for information about these immunizations, their costs, and availability.

My signature insures that the above information is correct.

I have read and agree to abide by the INSTAP Work Rules and Policies document.

Please visit www.instapstudycenter.net for the INSTAP Work Rules and Policies.

Signed _____

Date _____