

**INSTAP Study Center for East Crete
Membership Form 2019**

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 to you): _____

Emergency Contact Phone Number and email: _____

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 _____