

**INSTAP Study Center for East Crete
Membership Form 2025**

Personal Information

Last name:

First name:

Archaeological Project:

Academic Affiliation and address:

Your permanent address:

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/Diphtheria (must be within the last ten years), Meningitis, Polio booster, Hepatitis A, and Hepatitis B.

Required Vaccination: Covid 19 ("Fully vaccinated" means having received an updated vaccine OR having completed the vaccination cycle within the last 9 months.) Please check this line if you are fully vaccinated: _____

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

My signature ensures 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 _____

**The personal data on this form is collected at the request of the Institute for Aegean Prehistory Study Center for East Crete, which acts as the processor of the member's data and are used only for the purposes of recording membership. It is explicitly forbidden to use the data for advertising or purposes other than those for which it is collected. This data is safely stored in accordance with the GDPR rules. The person responsible for processing the personal data is the director of the Center. By signing this form, consent is also given to retain the data for as long as required by applicable laws.

Photographs taken in and around the Center may be used on social media including the SCEC website and Facebook, the Kentro newsletter, in lecture illustrations, or as illustrations in internal reports. By signing below, consent is given for the use of my image should I happen to appear in a photograph.

Name _____ Date _____

**The person designated here will be contacted in the event of your hospitalization. He or she should have access to your insurance information and the capacity to make decisions concerning your health.*