



SIGN-UP FORM

To become a member of ALAN-MALADIES RARES LUXEMBOURG ¹

1. Personal data:

Email address

First name

Surname

Street and number

Post code and town

Phone number

Mobile phone number

Date of birth

2. How are you affected by rare diseases?

- I live with a rare disease
- My child lives with a rare disease
- My parent lives with a rare disease
- My life partner lives with a rare disease
- None of the above

3. Which type of membership would you like?

- Personal membership: **20€** minimum
- Family membership : **30€** minimum (please complete the table on the back →)

¹ Individuals or legal entities that fill in the application form and pay the annual fee (follow QR code above) automatically become an “affiliate member”. Affiliate members can participate in the ordinary and extraordinary general assembly, but they do not have the right to vote. You can obtain a certificate of membership by sending a request to ALAN’s reception (see addresses on back page). An affiliate member can become an “active member” by sending in an application letter to the president of the board of directors (address to ALAN headquarters – see next page). Active members have the right to vote at the ordinary and extraordinary general assembly. They may also nominate themselves and become member of the board of directors.

4. If you have opted for a family membership

Some of our activities are specifically aimed at children and adolescents. If you want a family membership and are the parent or legal guardian of a (young) person that is living with a rare disease and that would be interested in participating in these activities, please complete the table below.

	First and last name of the young person	Date of birth
1		
2		

5. Data Protection

In agreement with Luxembourgish legislation and the General Data Protection Regulation of the European Union (EU 2016/679 from 27th April 2016), we hereby ask your explicit consent for the storage and processing of your personal data. Please tick the boxes that reflect your decision.

I freely consent to ALAN storing and processing my personal data, provided in this form, in order to manage my membership.²

I wish to receive news on the topic of rare diseases from ALAN.

6. Engagement

By becoming a member of ALAN, you commit to reading and respecting ALAN's by-laws, which you will find on our website www.alan.lu.

First and last name

Date Signature

² Your personal data is kept strictly confidential and not transmitted to third parties. It is stored in accordance with our legal obligations and only for as long as needed to achieve the objectives mentioned above. Throughout this period, you have the right to be informed, to access and rectify your data, as well as the right to object (restriction of processing and right to erasure). You can exert these rights without prejudice by contacting us at one of the addresses below.