



# AFCEA INTERNATIONAL

## Academic Membership Application

(includes *SIGNAL* Magazine subscription)

AFCEA INTERNATIONAL  
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*PLEASE PRINT*

Mr. Dr. Ms. Mrs.

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Name (First) (Middle Initial) (Last)

Branch of Service

Active Retired Military Rank .

Educational Institution

Scheduled Graduation Date

**Mailing Address for *SIGNAL***

Home Professional

Street Address

City and Postal Code Country .

Daytime Telephone Number (include country/city code or area code)

Fax Number (include country/city code or area code)

\*E-Mail Address

(\* we would appreciate an e-mail address so that you can be kept informed on events and academic initiatives)

Chapter Preference:

Submitted By: (Chapter)

Eligibility Verified By:

(Chapter Officer)

Date:

**Membership Length/Fee**      1 year €15

The personal data recorded in this application form is collected by the Rome Chapter and electronically stored and processed exclusively for the purpose of member administration and support.

They will be forwarded to AFCEA International for the same purpose.

(check box) I consent to the storage and processing of the personal data I have provided.

(check box) I agree to transferring this data (without account details) to AFCEA International, USA within the scope of the association's purpose.

I am aware that the association membership cannot be established without confirmation of the above consent, and that a revocation (which I can declare at any time) prevents the processing of my data in the future, which will then result in the termination of my membership.

AFCEA International Privacy Policy: <https://www.afcea.org/site/?q=privacy>

Member Signature:

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