

**DECLARATION of the ACCESSION  
to the POLISH SYNCHROTRON RADIATION SOCIETY**

Family name and first name:.....

Title:.....Date and place of birth:.. ..

Home address:.....

Affiliation(s):.....

Professional address:.....

.....

Phone:..... Fax:..... E-mail: .....

**PSRS membership: associate member ☐ / full member ☐ \***

I hereby declare that I have read the PSRS Information Clause regarding the processing of personal data.

I hereby declare that the personal data provided in this membership declaration have been submitted voluntarily and are true.

Date .....

Signature.....

\* Please select your preferred form of membership