

TEDDY Association Form

To apply for membership please complete all sections

Personal Information

Name

First Name

Last Name

Date of birth

DD/MM/YYYY

Place of birth

Contact Information

Residential address (street, city, postal code, and country)

Email

Phone number

Education and Profession

Educational background

Current profession

Workplace

Main activity

Require

to join [TEDDY](#) – European Network of Excellence for Paediatric Research, an independent multidisciplinary, multinational Network aimed at facilitating the performance of good quality paediatric studies and research on medicinal products tailored for children and to guarantying children rights and well-being by providing methodological, ethical, legal, and regulatory guidance.

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Acceptance of Statutes

I hereby declare that I have read, understood, and fully accept the [TEDDY statutes](#), bylaws, and regulations of the association. I agree to comply with all rules and guidelines set forth by the association and to uphold the principles and values it represents.

Membership fees Declaration

I hereby acknowledge that, as **ordinary member** (the physical persons paying the registration fee, annually established by the assembly), I am aware of the annual membership fee of **€ 60 (Euros sixty/00)** for one year required for participation in the association. I agree to pay the necessary fees as stipulated by the association's regulations and understand that my membership will be subject to the payment of these fees.

Fees should be paid, indicating your name in the payment order to **TEDDY - European Network of Excellence for Paediatric Research at the following bank account IT18G0538704000000035264378**

Consent for Personal Data Processing

I agree to my data being used and processed for membership purposes for TEDDY NETWORK.

I agree

I declare to be informed, pursuant to and for the purposes of the European Regulation 2016/679 that personal data will be processed, also with IT tools, exclusively TEDDY NETWORK within the context of the procedure for which this declaration is made. I wish to authorize to use my data for sending communications and informative material relating to initiatives, newsletters, collaborations or other scientific activities. For more info, please consult TEDDY NETWORK privacy policy at the following [LINK](#), according to the General Data Protection Regulation (GDPR).

Yes

No

Date _____

Signature _____