

**MEMBERSHIP REGISTRATION FORM OF THE CZECH SOCIETY OF OCULOPLASTIC SURGERY,  
REGISTERED SOCIETY (ČOPS z.s.)**

Name:	Surname:
Titles before the name:	Titles after the name:
Date of birth:	Birth number:
Telephone:	E-mail:
Address (street and No., municipality, postal code):	
Workplace (incl. department):	
Workplace address (street and No., municipality, postal code):	
Workplace contact details (telephone, e-mail):	

I am applying to become a full member. I agree with the mission and the aims of the Czech Society of Oculoplastic Surgery (ČOPS) to which I hold no debt.

I acknowledge the following information about my rights to personal data, i.e. I have the rights to:

- revoke my consent at any time and subsequently request for my personal data to be deleted,
- access my personal data and obtain a copy of the personal data processed,
- information on the method of processing personal data and its revision,
- require restrictions on processing data and/or on transferring data to another administrator,
- object to processing my personal data.

Please find more details at [www.okuloplasticka-spolecnost.cz](http://www.okuloplasticka-spolecnost.cz)

The information on the application form serves for mutual communication of the members and for the needs of the Committee. Personal data protection and security against misuse is ensured by Directive No. 1/2018 and the responsible employees of the Czech Society of Oculoplastic Surgery (ČOPS) have been duly instructed. Personal data will not be misused in any way during the membership period nor after leaving the Society. The member's birth number will be used only in cases where it is required by a particular law.

In ..... on .....

Applicant's signature:

**Statement of the Czech Society of Oculoplastic Surgery:**

Accepted on .....

Stamp and signature of the chairman (secretary) of the  
Czech Society of Oculoplastic Surgery:

Please send your application form to [okuloplasticka-spolecnost@seznam.cz](mailto:okuloplasticka-spolecnost@seznam.cz) or address it to MUDr. Pavel Diblík or MUDr. Lubor Šplíchal at Česká okuloplastická společnost z. s., U Nemocnice 499/2, Nové Město, 128 00 Praha 2.

ČOPS Secretariat contact number: +420 777 976 468