

INSTAP Study Center for East Crete

Membership Form 20__

Last name _____

First name _____

Archaeological Project _____

Academic Affiliation _____

Academic Address _____

City _____

State, Postal code _____

Country _____

Permanent Address _____

City _____

State, Postal code _____

Country _____

Work phone/ Cell phone _____

Email Address _____

Nationality _____

Emergency Contact Information

Emergency contact name
and relationship _____

Emergency Contact number(s) _____

Health insurance information

Health insurance company _____

Your Policy Number _____

Insurance Company Contact Number _____

Health Issues _____

(allergies, medications)

Immunizations Recommended by the Study Center for those working in Greece:

Measles, Mumps, Rubella, Tetanus/ Diphtheria (within last ten years), Meningitis, Polio booster,
Hepatitis A and B.

Signed _____

Date _____