

Membership application form

Status:			
☐ Single Member	☐ Student	☐ Group	☐ Retired
Annual Membership Fees:			
Single Member:	CHF 30		
Student/Pensioner:	CHF 15		
Group:	CHF 90		
Name:			
First Name:			
Institute:			
Adress:			
Country:			
E-mail:			
Phone:			
Year of Birth:			
Areas of Interest:			
Motivation:			