

Membership application form

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