

MEMBERSHIP APPLICATION

Verband Angiodysplasie Schweiz, 9010 St. Gallen

PERSONAL DETAILS

Last name, First name

Street, House number

Postal code, City

Email

Phone number

Date of birth

MEMBERSHIP STATUS

Affected person

Relative / Family member

CONDITION

ANNUAL MEMBERSHIP FEE

The regular annual fee is CHF 30. Members may choose a higher contribution:

CHF 30 (minimum contribution)

CHF 60 (supporting contribution)

CHF 100 (sponsor contribution)

Please transfer the selected amount to the following account: St. Gallen Cantonal Bank IBAN: CH90 0078 1629 1025 3200 0

CONFIRMATION

By signing below, I declare my membership in the association and accept its statutes.

Place, Date

Signature

DATA PROTECTION NOTICE

The personal data collected will be used exclusively for membership administration and communication with the association and will not be shared with third parties.