



**DHAGPO SWITZERLAND**  
**MEMBERSHIP FORM**

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**Last name:** .....

**First name:** .....

**Street / No. :** .....

**Postcode / City:** .....

**Country:** .....

**Phone:** .....

**E-mail address:** .....

**Occupation/Activity:** .....

**Type of support:**

- Active member with voting rights: CHF 50 or more
- Supporting member without voting rights: amount of your choice
- Patron with voting rights: CHF 150 or more

This declaration of membership is valid until cancelled. A letter of resignation must be sent in writing to the Executive Board at least two weeks before the end of the year.

Place / Date : .....

Signature : .....

Please send this membership form to: [info@dhagpo-switzerland.ch](mailto:info@dhagpo-switzerland.ch)  
You will then receive a personalized bill from us.

We appreciate your interest and your support!