DHAGPO SWITZERLAND

MEMBERSHIP FORM

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
Passive member without voting rights: amount of your choice
Patron with voting rights: CHF 100 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
You will then receive a personalized bill from us. The statutes of the association can be downloaded on our homepage https://dhagpo-switzerland.ch/ under Praeambel.

We appreciate your interest and your support!