

Membership Application

Student Membership



Surname:	
First Name:	
Street/No.:	
ZIP/Town:	
Billing Address: (if different)	
Phone Number:	
Email:	
Academic Degree: (Please attach copies of your diploma)	
Field of studies:	

- I have taken note of the student membership fee of 50.-/year and of the regular admission requirements.

The requirements for a regular membership do not have to be fulfilled at the time of the student membership, but are a condition for the transition of the student membership to a regular membership.

In case of a **change in the form of membership** (e.g. completion of studies) SWAN must be **informed as soon as possible, at the latest by December 15** of each year. Please attach supporting documentation (e.g. diploma).

- I agree that my first and last name as well as my e-mail address for the SWAN newsletter and event invitations (e.g. general meeting) will be saved at Mailchimp.

With my signature I confirm the truthfulness of my data as well as my membership in the association SWAN - SWiss Academic Nutritionists and accept its statutes. Furthermore, I undertake to protect the interests of the association and to pay the membership fee.

I am aware that the board of SWAN will review my education and reserves the right to refuse my membership.

Place, Date

Signature

Notes of the association:

All data provided is treated confidentially by SWAN and used only for internal purposes.

Got everything? Please check if you have enclosed all required diplomas.