

# Membership Application

## Regular and Combined Members



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

Please select one of the memberships below: I request to join as a regular member (150.- CHF/year).

- I request to join as a **regular member** (150.- CHF/year).
- I request to join with a **VDOE-SWAN combined membership \*** (100.- CHF + 105 € /year).
- I request to join with a **VEÖ-SWAN combined membership \*** (110.- CHF + 76 € / year).

\* **Combination memberships** must be applied for in person at the respective cooperation partner. The reduced contribution fee will only be granted if this has been done.

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

- 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.