



SAOA Membership Application Form

Hereby I apply for SAOA Membership as:

a) Ordinary Member*
SFr 40 - / Y

b) Extraordinary Member

SFr 20 - / Y

(*RMK: Ordinary Membership reserved for SSAPM Members only)

*Surname / Family Name:

Middle Name:

*First Name:

*Gender:

F

M

*Title / Specialty

*Language for Correspondence: G

F

I

E

*Correspondence Address:

Country:

*Street, Number:

*ZIP / City

*eMail:

alternate eMail:

Phone:

*SSAPM Member:

Y

N

(Sorry, fields with an asterix* compulsory)