



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 SGAR-SSAR 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:

*SGAR-SSAR Member: Y N

(Sorry, fields with an asterix* compulsory)