

Membership Application

Name, first name	Title	
Professional function		
Institution and Address		
Phone	E-mail	Fax

The undersigned requests to be enrolled as a member of the Swiss Society of Medical Genetics:

- | | | | |
|--------------------------|---|------------------------------|------------------|
| <input type="checkbox"/> | Full member FMH | CHF | 150.00 |
| <input type="checkbox"/> | Full member FAMH | CHF | 150.00 |
| <input type="checkbox"/> | Full Member Medical Genetics Researcher | CHF | 150.00 |
| <input type="checkbox"/> | Joint Membership ESHG | Additional* CHF | 90.00 new |
| <input type="checkbox"/> | Full member FMH (during training) | CHF | 75.00 |
| <input type="checkbox"/> | Full member FAMH (during training) | CHF | 75.00 |
| <input type="checkbox"/> | Associate member | CHF | 50.00 |
| <input type="checkbox"/> | Collective membership | please contact the Committee | |

PostFinance account no.: 80-31847-5; IBAN CH57 0900 0000 8003 1847 5; BIC POFICHBEXX

***The joint membership fee for ESHG was increased to EUR 75 (rising costs). So we have to adjust the amount. Your ESHG membership begins after the receipt of your SSMG and ESHG membership fees. To become a joint membership ESHG you must be a SSMG member.**

Signature: _____ Place and date: _____

Please return this form with a copy of the confirmation of payment to:

Beatrice Güdel
Sekretariat Schweizerische Gesellschaft für Medizinische Genetik
c/o Universität Zürich, Institut für Medizinische Molekulargenetik, Wagistrasse 12,
CH-8952 Schlieren
Fax: +41 (0)44 556 33 51