



## Membership Application

Name, first name Title

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Professional function

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Institution and Address

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Phone E-mail Fax

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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 <b>Additional*</b> | CHF                          | 90.00  |
| <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 POFICHBEXXX

**\*Your ESHG membership begins after the receipt of your SSMG and ESHG membership fees. To become a joint membership ESHG you must be a SGMG member.**

Signature: Place and date:

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

Sekretariat Schweizerische Gesellschaft für Medizinische Genetik  
c/o Medworld AG  
Sennweidstrasse 46  
6312 Steinhausen  
E-mail: [info@sgmg.ch](mailto:info@sgmg.ch)  
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