



Membership application form - send together with the detailed CV to the SSMG office.

The application for admission will be dealt with at the next board meeting. The receipt of the application and the admission will be confirmed in writing to the new member by the office.

Name, first name _____ Title _____

Specialist title _____

Professional function _____

Institution and Address _____

Phone _____ E-mail _____ Fax _____

Comments _____

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

- | | | | |
|--------------------------|--|-----|------------------------------|
| <input type="checkbox"/> | Full member Medical specialist | CHF | 240.00 |
| <input type="checkbox"/> | Full member FAMH | CHF | 240.00 |
| <input type="checkbox"/> | Full Member Medical Genetics Researcher | CHF | 240.00 |
| <input type="checkbox"/> | Joint Membership ESHG Additional* | CHF | 100.00 |
| <input type="checkbox"/> | Full member Medical specialist (during training) | CHF | 100.00 |
| <input type="checkbox"/> | Full member FAMH (during training) | CHF | 100.00 |
| <input type="checkbox"/> | Associate member Other | CHF | 100.00 |
| <input type="checkbox"/> | Associate member Genetic counsellors ASCG | CHF | 100.00 |
| <input type="checkbox"/> | Collective membership | | please contact the Committee |

***To become a joint membership ESHG you must be a SGMG/SSMG member.**

Signature: _____ Place and date: _____

Please return this form to:

Office of the Swiss Society of Medical Genetics
c/o Medworld AG
Sennweidstrasse 46
6312 Steinhausen
E-mail: info@sgmg.ch
Fax: +41 41 478 23 11

