



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 |
| <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 Other | CHF | 50.00 |
| <input type="checkbox"/> | Associate member Genetic counsellors ASCG | 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 SGMG/SSMG and ESHG membership fees. To become a joint membership ESHG you must be a SGMG/SSMG member.

Signature: Place and date:

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
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