

Rudolf Brenneisen, Prof., PhD Secretary General SAPhS Frikartweg 9A, 3006 Bern info@saphw.ch www.saphw.ch

## **Membership administration form**

Mrs, Mr	
Family name*	
First name*	
Academic title(s)*	
Profession*	
University, company, organization*	
Position work	
Activity/function professional associations	
Activity/function political associations	
Address home*: street, no., postal code, city	
Address work*: street, no., postal code, city	
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Phone work, home, cell	
Date*, city*, signature	

## \* Mandatory information

Please return the completed form as pdf to <u>info@saphw.ch</u> or by mail to the Secretariat General of the SAPhS, Frikartweg 9A, CH-3006 Bern.

Your data are treated as confidential and not handed to others.

Thank you for your cooperation!