

# Application for membership at SAVIR

I herewith declare that I want to become a member of SAVIR and will pay the annual fee of 80CHF. If any of my contact details will change in the future, I will inform SAVIR immediately about the new contact details.

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If you are a student and would like to profit from the reduced annual fee of 40 CHF per year, please tick "student" and send a copy of your valid student card.

Please send all documents and information to: [Info@savir.ch](mailto:Info@savir.ch)

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Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Student

**Address (private)**

Street: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_

Telephone (private): \_\_\_\_\_

E-Mail (private): \_\_\_\_\_

**Address (work)**

Company: \_\_\_\_\_

Street: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_

Telephone (work): \_\_\_\_\_

E-Mail (work): \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_