Membership Application



Surname:	
First Name:	
Street/No.:	
ZIP/Town:	
Billing Address: (if it deviates from other address)	
Phone Number:	
Email:	
Academic Degree: (Please attach copies of your diploma)	
Current Occupation:	
I seek to affilia (In this case, please n I seek to affilia (100 CHF + 1 I seek to affilia (110 CHF + 7 *Combined Memberships membership fee will then be In the event of an imminent please inform SWAN as soo	te with SWAN through a Regular Membership (150 CHF/year). the with SWAN through a Student Membership (50 CHF/year). The vote your pursued degree in "Academic degree" above and attach a record of study.) It with SWAN through a VDOE-SWAN Combined Membership * 105 € /year). It with SWAN through a VEÖ-SWAN Combined Membership * 176 € /year). It with SWAN through a VEÖ-SWAN Combined Membership * 176 € /year).
joining SWAN - SV	Viss Academic Nutritionists and accept its statutes. In addition, I he interests of the association and to pay the membership fee.
	e steering committee of SWAN will review my academic degree and refuse a membership.
Place, Date	Signature
Notes of the association All data provided is treate	n: d confidentially by SWAN and used only for internal purposes.
Got everything? Please Regular Membership:	check if you have enclosed all required documents: - Diplomas Student Membership: - Record of study