

Membership request



Family name/First name:

Post address:

E-mail:

- I am a doctor and wish to join SSAVmed as an ordinary member
- Please send the statutes to my E-mail address
- I paid the annual contribution of 100.- on the account 80-56412-9

Date:

Signature:

Please send membership requests to:

Dr. Med. Thomas Krebs, Zähringerstrasse 45, 3012 Bern, Fax.: 031 302 04 40 E-Mail:
praxis.thkrebs@hin.ch