



Schweizerische Gesellschaft für Medizinische Genetik
Soci t  Suisse de G n tique M dicale
Societ  di Genetica Medicaie Svizzera
Swiss Society of Medical Genetics

www.sgm.ch

Membership Application

Name, first name	Title
Professional function	Date of birth
Address	
E-mail	
Phone	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 FMH (during training) | CHF | 75.00 |
| <input type="checkbox"/> | Full member FAMH (during training) | CHF | 75.00 |
| <input type="checkbox"/> | Associate member | CHF | 50.00 |
| <input type="checkbox"/> | Collective membership | please contact the Committee | |

Please pay your membership fee to the Soci t  Suisse de G n tique M dicale,
CH-3006 Bern. Account number 80-31847-5. IBAN CH57 0900 0000 8003 1847 5.
BIC POFICHBEXXX

Signature: _____ Place and date: _____

Please return this form with a copy of the confirmation of payment to:

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E-mail: Katharina.Neves@ukbb.ch

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