



Swiss⁺ABILITY

MEMBERSHIP SUBSCRIPTION

With this form, I confirm my desire to become **MEMBER** of SwissABILITY Association

Title:	Mr/Ms/Company:
Name:	
Surname:	
Address:	
Postal code and city:	
E-mail address:	
Phone number:	

Yes, I am joining as MEMBER and undertake to pay the annual subscription of CHF 30.--.

Yes, I would like to receive the newsletter: in Italian in English

Date and signature: _____

This form can be sent to: info@swiss-ability.org or via WhatsApp: +41 79 606 24 15

* Association established on 4.9.2022 in accordance to Art. 65 v. 1 and Art. 70 paragraph. 1CC of the Swiss Civil Code. A complete version of our statutes is available on our website www.swiss-ability.org

Ricevuta

Conto / Pagabile a
CH17 0900 0000 1599 5536 2
Associazione SwissABILITY
Via alle Vigne 4
6963 Pregassona

Pagabile da (nome/indirizzo)

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Valuta Importo
CHF

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Punto di accettazione

Sezione pagamento



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