



Swiss⁺ABILITY

MEMBERSHIP SUBSCRIPTION

I hereby confirm my desire to become a **SIMPATIZING MEMBER* without voting rights** of the SwissABILITY Association.

Title:	Mr./Ms./Company:
Name:	
Surname:	
Address:	
Postal code and city:	
Date of Birth	
E-mail address	
Phone:	

Yes, I am joining as a **SIMPATIZING MEMBER without voting rights** and I agree to pay the annual social **contribution of CHF 30.**

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

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 with 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*

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