



Arbeitsgemeinschaft
Tabakprävention Schweiz
Association suisse pour
la prévention du tabagisme
Associazione svizzera per
la prevenzione del tabagismo

Application for Membership

Individual membership Regular fee
 Reduced fee (DI pensioners, students, unemployed, etc.)

Form of address neutral form Mr Mrs. Title _____

Given name _____ Name _____

Home address Birthdate _____

Street, Nr. _____

Add. Info. or PO Box _____

Postal code _____ Place _____

E-mail _____ Country _____

Telephone Mobile _____ Home _____

Work _____

Where do you work?

Organisation name _____

Position _____

Organisation URL _____

Comments

Place, date _____

Signature _____

The membership application must include:

- this membership application form and the attached declaration of interests duly completed and signed.
- a brief letter of motivation and a short CV.
- A copy of proof of entitlement to the reduced fee (student card or disability insurance card, N permit, proof of unemployment benefits, etc.).

The completed membership application may be submitted in any of the following ways:

- as a scan by e-mail at info@at-schweiz.ch
- by mail to AT Schweiz, Haslerstrasse 30, 3008 Bern

Your personal data will only be used to manage your membership status. Under no circumstances will it be shared with third parties.