Application for Membership

SEEDOFLIGHT

The undersigned:

Name and Surname:

Date of birth:

Address (street, postcode, town):

Email:

Statement

I hereby request to be admitted as a member of the SEEDofLIGHT Association.

I declare that I have read the Statute of the Association and that I fully accept its contents and purposes.

I am aware that admission is subject to the decision of the General Assembly, as provided for in the Articles of Association.

Membership fee

I undertake to pay the annual membership fee of CHF 50.

Payment methods:

☐ Cash
☐ Bank Transfer
☐ Twint

Privacy Policy

The personal data collected with this application will be processed by the SEEDofLIGHT Association only for membership purposes (information, convocations, membership

management). They will not be transferred to third parties. The applicant can request their modification or cancellation at any time by contacting the association.

Place and date:

Signature: _____

For internal use (do not fill in)

Date of receipt of application:

General Assembly Decision:

☐ Admitted
☐ Not admitted

Decision date:

President's Signature: _____