



# SAOA Membership Application Form

**Hereby I apply for SAOA Membership as:**

a) Ordinary Member\* SFr 40 - / Y

b) Extraordinary Member SFr 20 - / Y

(\*RMK: Ordinary Membership reserved for SGAR-SSAR Members only)

\*Surname / Family Name:

Middle Name:

\*First Name:

\*Gender:  F  M

\*Title / Specialty

\*Language for Correspondence:  G  F  I  E

\*Correspondence Address: Country:

\*Street, Number:

\*ZIP / City

\*eMail:

alternate eMail:

Phone:

\*SGAR-SSAR Member:  Y  N

(Sorry, fields with an asterix\* compulsory)