



## Membership application

### Personal Data

Title \_\_\_\_\_  
Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_

Address for correspondence  Privat  Business

### Privat address

Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone \_\_\_\_\_  
Telefax \_\_\_\_\_  
E-Mail \_\_\_\_\_

### Business address

Institute \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Cardio technician since \_\_\_\_\_

### Confirmation

I am an active perfusionist and wish to join the Swiss Society of Perfusion as a full member.  
I am aware of the bylaws of the society, and I agree with the rights and obligations towards the society.

Location, Date: \_\_\_\_\_ Signature: \_\_\_\_\_