

Membership / Registration Form

Conditions Annual contribution Active Member: Annual contribution Industry Partner: Annual contribution Benefactor:	CHF 500 CHF 2'000 no less than CHF 200	
Type of membership Active Member Industry Partner Benefactor Address organization (Active Member / In	ndustry Partner)	
Address organization / individual (Benefa	ctor)	
Contact person (name, email, phone nur	mber)	



The details regarding the rights and obligations of each membership type and regarding the admission procedure can be found in the bylaws of the Swiss Lymphoedema Framework -> https://swisslymph.ch/up/dl/bylaws.pdf

We / I confirm to have read the bylaws of the Swiss Lymphoedema Framework.

Place, date and signature(s)

Please complete this form and return it to the following address:

Swiss Lymphoedema Framework Weinbergstrasse 31 8006 Zürich info@swisslymph.ch www.swisslymph.ch