



## On AVANCE Association

Geneva - Switzerland

### MEMBERSHIP APPLICATION

I, hereunder,

LAST NAME: ..... FIRST NAME: .....

Date of birth: ..... Profession: .....

Address: .....

Zip code: ..... City/Country: .....

Phone: ..... Mobile phone: .....

E-mail (capital letters): .....

**Request to become a member of the « Association on AVANCE »**

The annual membership fee is **50 CHF**.

- I confirm to have read the Statutes and the Internal Regulation of the association available in the website [www.onavance.ch](http://www.onavance.ch).
- I confirm my acceptance of the internal regulation and the statutes of the association.
- I authorise the association to use representational pictures.
- I accept to receive information regarding the activities organised/supported by the association:
  - by e-mail (no additional fees)
  - by post (**4.- CHF** fee)

Please attach:

- A picture sized 3x4.

**Date et signature** .....

**Signature d'un représentant légal pour un membre mineur** .....

*This membership application will be treated during the next meeting of the Committee.*

To be filled by the Committee:

Membership code ..... treated by .....

Approved in ..... on .....

Signature and approval by the committee: ..... & .....

(the president and another member of the committee)