



## Swiss TPH Support Group

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### Application for Membership

Title:         Mrs         Mr         Dr         Prof

First name .....

Last name .....

- Swiss TPH staff (50.- CHF/year)
- Associated with Swiss TPH (50.- CHF/year)
- Student (20.- CHF/year)

### Address

at Swiss TPH

other:

Address .....

ZIP, City .....

Phone .....

Email .....

Language         German         English

.....  
Date

.....  
Signature

Please send the completed form to Dagmar Batra: [dagmar.batra@unibas.ch](mailto:dagmar.batra@unibas.ch).

Bank details:

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