



Swiss TPH Support Group

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

Email

other:

Address

ZIP, City

Phone

Email

Language German English

.....
Date

.....
Signature

Please send the completed form to support.group@swisstph.ch.

Bank details:
Support Group at Swiss TPH, Socinstr.57, 4002 Basel
UBS AG, 8098 Zuerich, IBAN: CH68 0023 3233 5179 79L1 E