

Membership application

Please send this form together with **a photocopy of your CH-passport or CH-ID** to the address below.

Partner 1 Ms M

Name _____

First name _____

Date of birth (DD/MM/YYYY) _____

Nationality _____

Phone private _____

E-Mail _____

Partner 2 Ms M

Name _____

First name _____

Date of birth (DD/MM/YYYY) _____

Nationality _____

Phone private _____

E-Mail _____

Residence address abroad

Street _____

PC/Town _____

Country _____

Correspondence address

(if different from residence address)

Street _____

PC/Town _____

Country _____

Further information

Your membership enters into force after receipt of your payment.

The contributions are due annually, for new members the annual contribution is reduced quarterly.

You can pay as follows:

- Credit card** www.soliswiss.ch/payment
- Paypal** paypal.me/soliswiss
- Bank** Credit Suisse, 8070 Zürich
- Post CH** PostFinance AG, 3030 Bern,
- Postkonto DE** Postbank Hamburg, 22283 Hamburg,
- Poste FR** La Banque Postale, 45900 La Source Cedex

Language of correspondence

German

French

English

Living abroad since /from _____

Registered with (Swiss embassy or consulate) in _____

Registered with Company/Club _____

Soliswiss membership / couple's membership

I join Soliswiss

Annual membership CHF 60

one-time fee for lifetime membership CHF 900

We join Soliswiss

Annual couple's membership, CHF 50 pP

Lifetime couple's membership CHF 750 pP

According to the regulation, this allows – in case of loss of economical livelihood for political reasons, generally to apply for a lump-sum compensation of CHF 10'000 each, after a waiting time of 2 years.

Increase of Lump-sum compensation (LS)

By paying supplemental voluntary contributions of CHF 75.00 per CHF 10'000 LS, the lump-sum in case of loss of economical livelihood can be increased up to CHF 150'000 CHF each.

LS desired in CHF:

Donation

Our/My donation for the help-fund Soliswiss

CHF

Regulation for data protection

The signatory authorizes Soliswiss to request any kind of information/enquiries if necessary concerning membership or lump-sum requests from Swiss embassies or representations and to transfer data to these institutions. As a member, you agree to notify changes of your address to Soliswiss. I agree that my data entered will be used according to the guidelines 'Privacy & Legal'.

Place and date

Signature 1

Signature 2

Enclosure : Copy of your CH-passport(s) or CH-ID(s) with signature(s)