

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 _____

E-Mail _____

Phone private _____

Partner 2 Ms M

Name _____

First name _____

Date of birth (DD/MM/YYYY) _____

Nationality _____

E-Mail _____

Phone private _____

Residence address abroad

Street _____

PC/Town _____

Country _____

Correspondence address

(if different from residence address)

Street _____

PC/Town _____

Country _____

Further information

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/We join Soliswiss

Annual Membership, CHF 60

one-time fee for lifetime membership CHF 900

Annual couple's membership, CHF 100

Lifetime couple's membership CHF 1'500

Club- or Company-Membership CHF 50

After two years of uninterrupted membership, you can apply for a lump-sum compensation of CHF10'000.— in case of loss of your economic livelihood due to political reasons. The attribution of the lump-sum is at the discretion of Soliswiss.

Increase of Lump-sum compensation (LS)

I am interested in increasing the lump-sum compensation amount. Please contact me.

Donation

Our/My donation for the help-fund Soliswiss in 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)

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

Postkonto CH PostFinance AG, 3030 Bern,

Postkonto DE Postbank Hamburg, 22283 Hamburg,

Postkonto FR La Banque Postale, 45900 LaSource Cedex

or directly at info@soliswiss.ch

IBAN CH23 0483 5020 1066 8100 1

IBAN CH07 0900 0000 3000 5138 1

IBAN DE84 5001 0060 0301 6256 01

IBAN FR03 2004 1010 1236 9108 0J03 339