## 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<br>Name  |   | Further information           Language of correspondence  |  |
|---|---|---|--|
|   |   |   |  |
| First name  |   | French English  |  |
| Thist name  |   | Living abroad since/from  |  |
| Date of birth (DD/MM/YYYY)  |   | Registered with (Swiss embassy or consulate in)   |  |
| Nationality   |   | Registered with Company/Club  |  |
|   |   |   |  |
| E-Mail  |   | Collection and the formula manufacture  |  |
| Phone private   |   | Soliswiss membership / couple's membership  |  |
|   |   | ———— 🔲 Annual Membership CHF 90   |  |
|   |   | <ul> <li>one-time fee for lifetime membership CHF 1200</li> </ul>   |  |
| Partner 2 🔲 Ms 🔲 M  |   | Annual couple's membership CHF 150  |  |
| Name  |   | □ Lifetime couple's membership CHF 2200   |  |
|   |   | Club- or Company-Membership CHF 150   |  |
| First name  |   | After two years of uninterrupted membership, you can apply for a lump-  |  |
| Date of birth (DD/MM/YYYY)  |   | sum compensation of CHF10'000.— in case of loss of your economic<br>livelihood due to political reasons. The attribution of the lump-sum is at the<br>discretion of Soliswiss.  |  |
|   | ·,····  |   |  |
| Nationality   |   |   |  |
| E-Mail  |   |   |  |
|   |   | Donation  |  |
| Phone private   |   | Our/My donation for the help-fund Soliswiss in CHF:   |  |
|   |   |   |  |
| Residence address abroad  |   | Regulation for data protection  |  |
| Street  |   | The signatory authorizes Soliswiss to request any kind of information/enquiries<br>necessary concerning membership or lump-sum requests from Swiss embassies<br>or representations and to transfer data to these institutions. As a member, you<br>agree to notify changes of your address to Soliswiss. I agree that my data<br>or the suid line word recording to the suidolismers (forware, 8, cond) |  |
| PC/Town   |   | entered will be used according to the guidelines 'Privacy & Legal'.   |  |
| ·   |   | Place and date  |  |
| Country   |   | Signature 1   |  |
| Correspondence addr   | ress  |   |  |
| (if different from residence address)   |   | Signature 2   |  |
| Street  |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| <br>PC/Town   |   |   |  |
|   |   |   |  |
| PC/Town<br>Country  |   | Enclosure: Copy of your CH-passport(s) or CH-ID(s) with signature(s)  |  |
| Country<br>Your membership ent  | ters into force after receipt of your paymer<br>due annually, for new members the annua | nt.   |  |
| Country<br>Your membership ent<br>The contributions are   | due annually, for new members the annua   | nt.   |  |
| Country<br>Your membership ent<br>The contributions are<br>You can pay as follow:                 | due annually, for new members the annua   | nt.   |  |
| Country<br>Your membership ento<br>The contributions are<br>You can pay as follow:                | due annually, for new members the annua   | nt.   |  |
| Country<br>Your membership ento<br>The contributions are<br>You can pay as follows<br>Credit card | due annually, for new members the annua<br>s:<br>www.soliswiss.ch/payment               | nt.<br>al contribution is reduced quarterly.  |  |

Soliswiss Effingerstrasse 45 Postfach CH-3001 Bern T +41 31 380 70 30 F +41 31 381 60 28 www.soliswiss.ch info@soliswiss.ch 2022/10