

Member Application Form

(following statutes art. V)

Company

Name/Organisation _____

Street and number _____

Place and postal code _____

Phone _____

Website _____

Nr of employee ☐ <10 ☐ 10 – 100 ☐ >100

Revenue _____

Contact Person

Name/First name _____

Job Function _____

Phone _____

E-Mail _____

Billing address (if different) _____

Place/Date: _____ Signature: _____

The applicant formally requests the membership for SDCA.
He/she has knowledge of the statutes and the charter and
agrees with them. He/she agrees to pay the annual fee set
by the General Assembly.

Send to:
info@sdca.ch