

KALKIDAN association membership form

Please return to e-mail address info@kalkidan.ch

Membership form:

Membership is annual (calendar year). Memberships made in the last 3 months of the year are valid for the following calendar year.

The undersigned:

Name: _____ Surname: _____ Gender: M F

Born in: _____ On: ___/___/_____ Nazionalità: _____

Residential address: _____ n: _____ ZIP CODE: _____

Phone: _____ e-mail: _____

APPLIES

To join the Kalkidan Association for the duration of one year as:

- Active member (Fr. 40)
- Supporter member (Fr. 20)
- Volunteer (free of charge)

Declares to have read the Bylaws and Rules at www.kalkidan.ch and approve them in their entirety.

The Association reserves the right to check criminal records prior to inclusion in any activities in contact with children.

Date: ___/___/_____

Signature: _____

<p>Ricevuta Conto / Pagabile a CH43 0900 0000 1625 4236 9 Associazione Kalkidan Via Massago 15 6977 Ruvigliana</p> <p>Riferimento RF68 ASSO CIAZ IONE KALK IDAN</p> <p>Pagabile da (nome/indirizzo) ┌ └</p> <p>┌ └</p> <p>Valuta Importo ┌ CHF └</p> <p>┌ └</p> <p>Punto di accettazione</p>	<p>Sezione pagamento</p>  <p>Valuta Importo ┌ CHF └</p> <p>┌ └</p>	<p>Conto / Pagabile a CH43 0900 0000 1625 4236 9 Associazione Kalkidan Via Massago 15 6977 Ruvigliana</p> <p>Riferimento RF68 ASSO CIAZ IONE KALK IDAN</p> <p>Pagabile da (nome/indirizzo) ┌ └</p> <p>┌ └</p>
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