



## Membership Application or Renewal Form

I have read ARSER objectives (statutes available at [www.arser.ch](http://www.arser.ch)) and I wish to:  
join\* / renew my membership\*.

Last name, first name: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

*(ARSER members are informed by email)*

Landline phone: \_\_\_\_\_ mobile: \_\_\_\_\_

- **Minimum annual SUBSCRIPTION FEE is CHF 50 for a single person, CHF 75 for a couple / a family and CHF 150 for an enterprise.**  
In return for your contribution and whatever its amount, you will receive a TAX RECEIPT allowing you in Switzerland to deduct its amount from your income tax to be paid the following year.
- An additional DONATION can be made to directly help medical RESEARCH.

I / make a transfer\* / enclose a check\* / of: CHF \_\_\_\_\_ payable to **ARSER Suisse**, comprising:

- a Subscription part of: CHF \_\_\_\_\_ (in Switzerland, deductible from my tax),
- a Donation part for research of: CHF \_\_\_\_\_ (not deductible in Switzerland).

I agree that my last name, first name, postal code, city and e-mail address appear in the site directory, only accessible to ARSER Suisse members.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Bank details for a transfer (please specify "Subscription xxx CHF, Donation yyy CHF" in the reference):

Banque Raiffeisen  
IBAN : CH52 8080 8001 7923 1307 9  
BIC : RAIFCH22181

Please send scanned form to [hello@arser.ch](mailto:hello@arser.ch)

Please send paper form and/or cheque to:

ARSER Suisse  
14 boulevard Georges Favon  
CH -1204 Genève  
SWITZERLAND