

MEMBERSHIP FORM

MEMBERSHIP

☐ **INDIVIDUAL**

☐ **COUPLE**

COURTESY

☐ **MS**

☐ **MR**

NAME-S

FIRST NAME-S

PHONE

CELLULAR

EMAIL

ADDRESS

ZIP CODE

TOWN

COUNTRY

I AM INTERESTED IN COEXISTENCES ET WISH TO TAKE PART IN THE ORGANIZATION AS

☐ **INDIVIDUAL MEMBER (CHF 60.- /YEAR)**

☐ **COUPLE (CHF 100.- / YEAR)**

☐ **STUDENT (CHF 40.- / YEAR)**

☐ **DONATOR FOR AN AMOUNT OF**

☐ **SYMPATHIZER**

☐ **I WISH TO ENTER YOUR MAILING LIST TO RECEIVE FURTHER INFORMATION**

DATE

SIGNATURE

THE AMOUNTS OF THE CONTRIBUTIONS INDICATED ARE SUBJECT TO CHANGE/ DONATIONS ARE TAX DEDUCTIBLE

BANK

BCV
PL. ST-FRANCOIS 14
CP 300, 1002 LAUSANNE
•
CCP 10-725-4
CLEARING 767
BIC/SWIFT BCVLCH2LXXX
IBAN CH29 00767 000C 5207 3545

ADDRESS

COEXISTENCES
CH-1000 LAUSANNE
•
WWW.COEXISTENCES.ORG
INFO@COEXISTENCES.CH
FACEBOOK

**PLEASE SEND US BACK YOUR MEMBERSHIP
FORM SIGNED BY POST OR EMAIL TO EITHER
ADDRESSES**

