

hmswiss
Administration Office
Ingrid Winter
Emmestrasse 1
3432 Lützelflüh
Switzerland

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Please fill in the talon and send it signed to the pre-printed address. Thank you very much.

- I hereby declare my membership in the association hmswiss**
The annual membership fee is CHF 100 for individuals, CHF 150 for couples and CHF 500 for companies (from 10 employees). Retired persons pay a reduced contribution of CHF 60.
- Please send me your statutes**
- Please send me ___ copies of «hmswiss Info» per year**
- I hereby take over a sponsorship for the project Kendeyaa in the Gambia of a monthly amount of _____ CHF for:**
- 2 days Mobile Clinic (transport) (approx. CHF 50.-)
 - Monthly salary of a homeopath (approx. CHF 120.-)
 - Start-up assistance for the opening of your own practice (approx. CHF 60.-)
(only for graduates of this project)

For the duration

of one year

of two years

until revoked

Name/first name _____

Street _____

Postcode / City _____

Profession _____

Phone / Mobile _____

E-Mail _____

Place, Date _____

Signature _____