

**Application form for obtaining SGfB passive membership**

<b><i>Persnal Information</i></b>
Form of address / title
First name / last name
Gender
Date of birth
Nationality
<b><i>Correspondence address</i></b>
Street / number / PO Box
Postal code / location
E-mail
Telephone / fax
Mobile phone
Website

**Professional information**

Former and/or current professional activity

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 .....

**Comments and concerns, reason for change**

.....  
 .....

**Date/signature**

.....

With my signature, I confirm that I agree with the SGfB's data protection declaration regarding the use of my data (<https://www.sgfb.ch/en/data-protection>).