

University of Liechtenstein Alumni (ULA)

Membership Form

I hereby apply to join the:

Surname, first name	
Date of birth	
If applicable, birth name	
Personal contact details	Correspondence address <input type="checkbox"/>
Address	
Postcode, Town	
E-mail	
Telephone	
Company contact details	Correspondence address <input type="checkbox"/>
Company, position	
Address	
Postcode, Town	
E-mail	
Telephone	

Membership fee

I would like to pay a voluntary membership fee of _____ Swiss francs (e.g. 50.00 Swiss francs per year).

I hereby give the University of Liechtenstein my authorisation to debit the above annual membership fee from my account indicated below by means of direct debit both now and in September of each following calendar year. The direct debit may be cancelled. A notification of cancellation must be submitted by 30 June of the year.

Bank	
Account number	
Sort code	
IBAN	
BIC	
Account holder	

I wish to pay the membership fee by bank transfer and request an invoice to be sent.

Place and date

Signature