

Membership Form

Personal information

Title / degree _____

Surname _____

Given name _____

Date of birth _____

Home address

Street / No. _____

ZIP/City _____

Phone _____

E-mail _____

Business address

Institution _____

Department _____

Street/PO Box _____

ZIP/City _____

E-mail _____

Memberships and FMH-titles

Member of the Swiss Society for Visceral Surgery (SGVC) or the Swiss Society for Surgery (SGC)

yes

no

Holder of an FMH-title or FMH-equivalent

yes

no

Place, date
