

Membership Application

The undersigned Company / Individual hereby applies for **Membership** to The Chamber of Commerce for Health :

Company / Individual Legal Name

Date : / /

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Membership Category

☐ Student / Researcher

☐ Individual

☐ Startup Company

☐ Small Enterprise

☐ Medium Enterprise

☐ Large Corporation

Individual / Company Information :

Legal Name :

Corporate Website :

Legal Form :

Country :

Full Address :

City / Province :

Annual Revenue :

Total Number of Employees :

Principal Person of Contact Information ("PPOC") :

First Name :

Last Name :

Address :

Position :

Phone No :

E-Mail :

Administrative Contacts Information :

Administrative :

E-mail :

Financial :

E-mail :

CEO :

E-mail :

Membership Application

Interests / Accordance :

Please select below what topics and services interest your Organisation the most, according to your selection you shall receive newsletters and invitations to specific tailored events / opportunities from The Chamber of Commerce for Health :

- | | |
|---|---|
| <input type="checkbox"/> Commercial / Trade Missions | <input type="checkbox"/> Trade & Export Services / Advisory |
| <input type="checkbox"/> Trade Fairs / Networking Events | <input type="checkbox"/> Regulatory Affairs Advisory |
| <input type="checkbox"/> Academic Events / Workshops | <input type="checkbox"/> International Expansion / Market Insights |

Origin of Membership :

How did you hear about The Chamber of Commerce for Health :

- | | |
|--|---|
| <input type="checkbox"/> Internet / Social Midia | <input type="checkbox"/> Events / Trade Fair |
| <input type="checkbox"/> Articles & Publications | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Recommendation by other Member | |

Consent & Adherence :

By signing the following Membership Application and effectively joining The Chamber of Commerce for Health, I hereby declare and agree :

- ☐ **To abide by The Chamber of Commerce for Health's Articles of Association (sent by mail to the declared PPOC) and agree to pay the annual membership fee on time**
- ☐ **To receive news, articles, publications and invitations to events organized or co-organized by The Chamber of Commerce for Health**
- ☐ **According to the Swiss Legislation I hereby agree and accept that my Company's information is added and maintained to The Chamber of Commerce for Health formal Members' List.**

Kindly return this form duly executed with a copy of an extract from the Trade Register to :
adm@healthchamber.org

Authorized Signatories : _____

Signature(s) : _____