

The Secretary,
Indian Association Baden,
P. O. Box 523
CH-5401 Baden
Switzerland

E-mail: secretary@iabaden.ch

Dated: _____

Application for Membership of Indian Association Baden (IAB)

Dear Sir / Madam,

I/We would like to apply for membership of the Indian Association Baden.

I/We have read the Constitution of the Indian Association Baden received by me and agree to abide by its rules and regulations, as applicable from time to time.

I confirm to pay the required Membership Fee, i.e. an amount of CHF _____ immediately on receipt of your acceptance of my membership.

Annual membership fees:

- Couple/ family (incl. all children below 18) CHF 100
- Single person CHF 65
- Students (18-25 years old) CHF 25

I agree to settle all outstanding payments on resigning* from IAB membership including returning of all IAB membership cards**, issued to me .

Further, I confirm that all the mails / circulars from IAB can be sent to me only at the e-mail address specified below.

Yours truly,

Name and Signature: _____

*Annual membership fee will be settled each year. In case anyone wishes to resign, the resignation letter has to be submitted latest by end of March. Resignation after end of March will result into having to pay whole year's membership fee, on top of any other dues.

** **IAB Membership Cards** are not transferable and IAB has no liability whatsoever on the usage of the cards. In case of re-issuance of an IAB membership card, member is liable to pay CHF 30 per card and the lead time for issuing such cards is 3 to 6 months.

E-mail: secretary@iabaden.ch

Name of the Applicant: (Mr / Mrs / Ms)

First Name: _____

Last Name: _____

Home address (street, house number, post code, town):

Street: _____

Post Code: _____ City: _____

E-mail address:

Telephone numbers:

Residence: _____

Work: _____

Mobile: _____

Family details (if applying for membership):

Name of spouse: _____

Children:

1. Name: _____ M / F, DOB: _____

2. Name: _____ M / F, DOB: _____

3. Name: _____ M / F, DOB: _____

Hobbies / Special Interest (Optional): _____

References (Existing IAB member) _____