

Application for membership

I herewith apply for the following membership:

- Institutional membership (CHF 600.– per year) plus CercleS membership (€ 100.– per year)
- Individual membership (CHF 50.– per year)

Name of the overarching institution (e.g. University of Bern): _____

Street: _____

Postal code/City: _____

Last name/First name of delegate: _____

Function: _____

E-Mail: _____

Telephone: _____

Last name/First name of deputy of delegate: _____
(for institutional membership only)

Department: _____

E-Mail: _____

Telephone: _____

Profile of institution/Motivation for membership: _____

Date: _____

Signature of applicant: _____

Signature of superior: _____

Please send your completed application form to the address below. Thank you.

Geschäftsstelle SSH | CHES

Sekretariat: Université de Fribourg, Centre de langues

Rue de Rome 1
CH-1700 Fribourg

info@ssh-ches.ch
www.ssh-ches.ch