

Application form for free ChiroSuisse student membership

Last name	
First name	
Address	
ZIP / City	
Country	
University / College	
Year of studies	
Expected end of studies (year)	
E-mail address	
Phone number	
Native language	
Birthday	

Please return this form as soon as possible to **info@chirosuisse.info**. We are looking forward to welcoming you as a student member of ChiroSuisse!

*** The collection and processing of your personal data is carried out in compliance with the applicable data protection laws and requirements.**

As a matter of principle, ChiroSuisse offers its services only in Switzerland and is directed only at persons resident in Switzerland.