

Membership Application

Hakomi Switzerland Association for Body-Oriented Psychotherapy

I hereby apply for membership to Hakomi Switzerland, Association for Body-Oriented Psychotherapy.

First name:

Surname:

Street and house number:

Zip code and place of residence:

Date of birth:/...../.....

Telephone landline:

Mobile phone:

E-mail:

I am applying for membership as (see Statutes: page 2, point 4, Membership)

- Ordinary Member
- Extraordinary Member
- Honorary Member
- Patron Member

Hakomi training completed from to

Training location:

Certified Hakomi Therapist yes no

Annual Contributions

The membership fee is in accordance with the contribution regulations of 20.01.2018 and is due annually on 30.3.

Full Members: 100 CHF

Extraordinary Members: 50 CHF

Patrons: Free amount

Honorary Members: Exempt from the contribution

Bank Account of the Association:

Hakomi-Schweiz-Verein, Association for Body-Oriented Psychotherapy

Please transfer the membership fee to the following account:

Account Holder: Hakomi-Schweiz-Verein
8000 Zurich
Account No.: 15-145454-0
Purpose: Membership fee
IBAN: CH35 0900 0000 1514 5454 0
BIC: POFICHBEXXX

With admission into the association, I recognize the statutes of the association, the contribution regulations and the respective valid contribution rates. The board decides on the membership.

The data collected by the association management is stored on electronic data carriers. All data will be treated confidentially and will not be disclosed to third parties.

Place and date _____

Signature _____