

Advisory Council Membership – Registration Form

General Information

• Type of Institution:

Name of Institution:

		Academic			
		Ifs or Sport Organisation			
		Governmental representation			
		Foundation or International Organisation			
		Private company			
		Others			
•	Website				
Address of Headquarters					
•	Street:				
•	Post Code:	City:			
•	Country:				
Mailing Address (if different)					
•	Post Box:				
•	Street:				
•	Post Code:	City:			
•	Country:				



Person in charge of the Institution

Gender:	Ms	Mr	Prefer not to say

• Honorific: Prof. The Hon. Dr.

- First Name:
- Last Name:
- Position:
- Phone:
- Email (Institution):
- Email (for Advisory Council contact):

Yearly Membership Fee

Member - Fee (for 12 months): CHF 1'500

Premium Member - Fee (for 12 months): CHF 5'000

Date & Signature

Data Processing according to General Data Protection Regulation

By completing this membership form, you consent to the collection, storage, and use of your personal data in accordance with our Privacy Policy. The information you provide will be used solely for the purposes of managing your membership, communication, and delivering services related to your membership with your institution. We will not share your information with third parties unless required by law or necessary to fulfill the services you have requested. You have the right to access, correct, or delete your personal data at any time by contacting us. By submitting this form, you acknowledge that you consent to the processing of your personal data as described above.