



Membership Application Form

I would like to become a Member of the Humanity without Frontiers (HUWIF)

Name _____

Address _____

_____ Post Code _____

Telephone Code and Number _____

Email (if applicable) _____

1. If you wish to just make an annual subscription to the charity please complete the following section and cross out section 2.

Or by Bank Standing Order [] CHF / _____ each month.

2. If you wish to take a more active involvement in matters of fund raising etc. please complete the following section and cross out section 1.

Please tick box

[] I would like to be a Volunteer at fund-raising events

[] I would like to be an active Committee Member

[] I would like to organise a fund-raising event

[] I would like to support in other ways _____

Signature _____ Date ____/____/____

PC 60-354401-2

IBAN CH77 0900 0000 6035 4401 2 (Post Finance)

BIC POFICHBEXXX

The Treasurer
Humanity without Frontiers
Zürcherstrasse 120
CH 4052 Basel
(Switzerland)