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info@swiss-bellydance-association.ch

Swiss Bellydance Association

Member Application

I, _____
First name, surname

If it's the case, _____
Name of dance school, dance group or formation

Date of birth _____

Adresse _____
billing address for private person, post address or/and billing address of dance school or contact person

Phone: _____ E-Mail: _____

With the following persons:

Number	First name, surname	Date of birth

hereby request membership in the Swiss Bellydance Association as a passive member with the annual fees of:

- 60 sFr. (as a single person or dancer)
- 30 sFr./Person (as a dance school or dance group until 10 persons)
- order the following number of dancers book/s for participation in the dance competitions and workshops. The price is 20 sFr./one
- order the following numberof membership card/s for participation only for the participation on workshops. The price is 10 sFr./one

Date _____ Signature _____

Bank connection: Verein Swiss Bellydance Association, 7000 Chur
Postfinance AG, IBAN: CH06 0900 0000 6100 6165 3