

Application form for new members

of the LIA - Logosynthesis International Association

If you prefer, you can use the online form: <http://tinyurl.com/LIA-application-form-E>

Name (& Title)		First Name	
Profession / Qualification		Company Name	
Address		Postcode/City	
Country		Email	
Business Ph. 1		Counselling by Skype?	<input type="radio"/> Yes <input type="radio"/> No
Business Ph. 2		Skypename	
Website		Counselling languages	

Note for Professionals members: The above data will appear alongside the certified practitioners listed on the website www.logosynthesis.international

Please tick the appropriate boxes. Fill in the blank spaces (optional):

<input type="checkbox"/>	I'm already a practitioner and register as a Professional member. I agree to pay the annual contribution of € 110.- / CHF 150.-
<input type="checkbox"/>	I'm interested in Logosynthesis/am in training and register (for the time being) as a Basic member . I agree to pay the annual contribution of € 50.- / CHF 70.-
I will pay the annual contribution:	
<input type="checkbox"/>	<ul style="list-style-type: none"> directly in cash.
<input type="checkbox"/>	<ul style="list-style-type: none"> in CHF to: IBAN CH45 0900 0000 6157 7754 9 / BIC Code: POFICHBEXXX in EUR to: IBAN CH93 0900 0000 9144 3076 1 / BIC Code: POFICHBEXXX Name & address of bank: Postfinance, Mingerstrasse 20, CH-3030 Bern Name & seat of association: LIA – Logosynthesis International Association, CH-8000 Zurich
<input type="checkbox"/>	<ul style="list-style-type: none"> by PayPal to the email address contact@logosynthesis.international
I will make a one-off contribution of: € _____ or CHF _____	
I could undertake responsibility for the following for LIA:	
Comments:	
Date and signature:	

Send by post to: **LIA Office, c/o Rita Meier, Geisswies 24, CH-8414 Buch am Irchel, Switzerland** or scanned to contact@logosynthesis.international