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| **Full members (individual, natural persons)** | | | | | |
| * *By providing below requested data you agree that the Swiss Round Table on Antibiotics may use them to contact you and your affiliation organization or to send you or your affiliation organization information material or requests for information or other support.* * *First and last names of the Full Members will be provided in the members list on the Swiss Round Table on Antibiotics’ website, with no academic title nor function.* * *Full members have a voting right at the General Assembly.* | | | | | |
| **Personal data** | | | | | |
| First and last name |  | | | | |
| Academic title(s), if applicable |  | | | | |
| Function(s)/”private”/”n.a.”/ other description |  | | | | |
| Email address(es) | preferred:       backup: | | | | |
| Phone number(s) | preferred:       backup: | | | | |
| CV | Current CV is attached  yes | | | | |
| My category: | Science | Politics/ Administration | Industry | Health Care | Other |
| **Affiliation organization data Tick here if not applicable** | | | | | |
| Name and legal form of the organization |  | | | | |
| Address |  | | | | |
| website |  | | | | |
| General email address |  | | | | |
| General phone number |  | | | | |
| **Motivation statement** | | | | | |
| Please describe your motivation to become a member of the Swiss Round Table on Antibiotics, as well as your specific contribution to the association. |  | | | | |
| **Newsletter** | Do you wish to receive the Swiss Round Table on Antibiotics’ newsletter?  yes  no | | | | |