

## Declaration of membership

Please complete in block letters, with date and signature.

I hereby enrol as a member of “DIGNITAS – To live with dignity – To die with dignity” and I have read and understood the DIGNITAS information brochure.

**Fees:** One-off joining fee CHF 220.–; minimal annual fee CHF 80.– (*payment after receipt of DIGNITAS’ invoice*)

Mrs.    Ms.    Mr.

Please add a copy of your passport or officially valid personal ID when sending this form.

First name(s): .....

Surname(s): .....

Street: .....

Town and postal code: .....

Country and state/territory: .....

Date of birth: ..... Place of birth: .....

Country of birth: .....

Profession: .....

Telephone: Private: ..... Business: .....

Fax: Private: ..... Business: .....

Mobile: ..... E-mail: .....

Nationality: .....

For Swiss citizens only: place of origin: .....

My preferred language:    English    French    German    Italian

I would like to receive the electronic newsletter and further information to the e-mail above.

I prefer to receive all documents exclusively to the e-mail above.

I prefer to receive all documents exclusively by postal mail to the address above.

**Date:**

**Signature:**

.....

What has motivated you to sign up as a member? (*voluntary information*)

I support DIGNITAS in its endeavours to lift the existing taboos of suicide, enforce patients’ rights, freedom of choice and self-determination in life and at life’s end.

I witnessed first-hand an excruciatingly painful struggle in dying and would like to prevent this from happening to me.

I suffer from a disease and wish for an accompanied suicide when the time comes.

**Send to:** DIGNITAS, P.O. Box 17, 8127 Forch, Switzerland  
 Fax: +41 (0)43 366 1079 / E-Mail: dignitas@dignitas.ch