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*Science without borders for new health*

**Membership Fee of HLS for (year )**

Name………………………….

Surname…………………….

Address……………………

E-mail…………………………….

Telephone…………………………

Membership Fee for (year) is 30€ or 33$

Payment must be addressed to

**Association, Santé, Droit et Science**

the Post Finance Account details

**IBAN: CHF CH23 0900 0000 6945 9296 7**

**BIC: POFICHBEXXX**

**Number c. 69- 459296-7**

**Genève**

I attached the proof of the payment .

Signature