**S**wiss **A**ssociation for the **S**tudy of the **L**iver 

**Membership Application**

Please fill in *all* white boxes and submit the completed application form as well as your CV by e-mail to the SASL Secretary, Dr. Beat Helbling (Beat.Helbling@hin.ch). Your application shall be approved on the occasion of the next SASL Council Meeting. Fees (currently CHF 20.- per year) will be due for the first time in the year following approval of your SASL Membership.

|  |  |
| --- | --- |
| Date |  |
| Last name  |  |
| First name  |  |
| Date of birth |  |
| Title |  |
| Affiliation (in your language) |  |
| Departement (in your language) |  |
| Address |  |
| Zip code |  |
| City |  |
| Phone |  |
| Fax |  |
| E-mail |  |
| Private address (street, number, zip code, city) |  |
| Speciality title or in training for |  |
| (Foreseen) year of speciality diploma |  |
| SGG Membership  |  Yes No |
| Attachment  | Curriculum vitae |

***President:*** *Andrea De Gotthardi, Bern*

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***Secretary Treasurer:*** *Dr. Beat Helbling, Gastroenterologie/Hepatologie Bethanien, Toblerstrasse 51, 8044 Zürich,
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***SASL website:*** *www.sasl.ch*