

Application Form for member directly affiliated to IFA Liechtenstein				
	Tor member directly armic	ateu to IFA	Liechtenstein	
Application for	Individual membership		Corporate membership	
Address data				
Company				
Title (e.g.Prof., Dr.)				
First Name(s)				
Family Name(s)				
Address				
Post Code/City				
Country				
Phone				
E-Mail				
Membership costs CHF p.a.: individual 150; corporate 500 Members are entitled to discounted event accesses.				
Date:	Signa	ature:		
Please sign and return the form to: info@ifa-fl.li				
	IFA - Liechtensteinische Vereinigu c/o Martin A. Meyer, President WeTrust Group AG	ıng für Steuer	recht	

DSGVO-Declaration:

With my above signature I explicitly consent to the storage, use and processing of my personal data within the scope of my membership, in particular for invoices, membership circulars, invitations etc.

Poststrasse 2, 9494 Schaan

Liechtenstein