

Member Application Form

(following statutes)

Company

Name/Organisation

Commercial register nr

Street and number

Place and postal code

Phone

Website

Nr of employee

Only for DC Members rackable space in m2

Available power in MVA

CHOOSE THE MEMBERSHIP THAT SUITS YOU BEST:

☐☐☐

Contact Person

Name/First name

Job Function

Phone

E-Mail

Billing address (if different)

Place/Date

Signature

The applicant formally requests the membership for SDCA. He/she has knowledge of the statutes and the charter and agrees with them. He/she agrees to pay the admission and annual fee set by the General Assembly.

Send to:
info@sdca.ch