

Application Form for member directly affiliated to IFA Liechtenstein				
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Application for	Individual members	ship 🗆	Corporate membership	
Address data				
Company				
Title (e.g.Prof., Dr.)				
First Name(s)				
First Name(s)				
Family Name(s)				
Address				
Post Code/City				
Country				
Country				
Phone				
E-Mail				
Membership costs CHF p.a.: individual 160; corporate 600 Members are entitled to discounted event accesses.				
Date:		Signature:		

Please sign and return the form by postal delivery or E-Mail to:

IFA - Liechtensteinische Vereinigung für Steuerrecht c/o Martin A. Meyer, President WeTrust Group AG Poststrasse 2, 9494 Schaan Liechtenstein

info@ifa-fl.li

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.