

Membership administration

CHANGE OF ADDRESS FORM *Please help to keep our records up-to-date by notifying us before you move!*

Old address

Full name _____

Address _____

Telephone _____

Email _____

ETAS Region _____

New address valid as of: _____

Full name _____

Address _____

Telephone _____

Email _____

ETAS Region _____

Please return to: ETAS Administration, Im Hubel 3, CH-6210 Sursee or office@e-tas.ch