

Membership Application Form

Fill-in application

Get accredited

Be an Angel

Please fill in the form, sign it and send it to: membership@swisshealthangels.com

Institutional Investor

Private Investor

Company Name
Company Website
Your role

Name

Surname

Street

Nr

Zip

City

Country

Email

Phone

Mobile

Profession

 Profile

DoB

Nationality

I am interested in dual membership with my partner

My net Assets

My Income

Yearly Budget

Yes No

I am a US person for tax purposes*

I meet the Swiss criteria to be a qualified investor**

I understand the risks associated with angel investment

My Motivation to become a member

Comments and remarks

Date

Signature

* <https://www.irs.gov/individuals/international-taxpayers/classification-of-taxpayers-for-us-tax-purposes>

** <https://www.admin.ch/opc/en/classified-compilation/20052154/index.html#a10>