



Photo International Club Zurich

Subscription form

New member of PICZ ? Yes No

Gender: M W

First Name: _____

Last Name: _____

Address: _____

City: _____

PLZ: _____

Country: _____

Date of birth: _____ / _____ / _____
 day month year

Phone: _____

Mobile: _____

e-mail: _____

I confirm that I presently have a Third party liability insurance to cover damages that I could do to others or to their equipment

I want to receive e-mails from the club with latest news and information about competitions

Please do not communicate my contact details outside of the PICZ

Date: _____ / _____ / _____
 day month year

Signature: _____

Please send the filled form to: info@picz.ch

OR to: **Pascal Cornuez**
Photo International Club Zurich
Nelkenstrasse 15
8006 Zurich
Switzerland