



I would like to become a member of the Seegüetli Horgen cooperative.
Please inform me about the conditions and prices of a membership.

Name _____

Surname _____

Company _____

Address _____

Postcode/Place _____

Tel./Natel _____

E-mail _____

Place / Date _____ Signature _____

Please send the completed registration form to the address below.
We will then get in touch with you. Thank you for your interest.