

SWISS CLUB OF CHICAGO MEMBERSHIP APPLICATION 2010

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ BUSINESS #: _____

EMAIL: _____

CHECK HERE IF YOU WISH TO RECEIVE INVITATIONS VIA E-MAIL

CHILDREN: _____ DATE OF BIRTH: _____

(IF UNDER 18) _____

REASON: SWISS NATIONAL OR DESCENDANT
 OTHER – INDICATE REASON FOR WANTING TO BE A
 MEMBER

SINGLE OR FAMILY MEMBERSHIP FOR YEAR 2009 \$25.00

PLEASE MAKE YOUR CHECK PAYABLE TO: SWISS CLUB OF CHICAGO

AND MAIL TOGETHER WITH THE COMPLETED FORM TO:

SONJA MANHART, SWISS CLUB OF CHICAGO,
P.O.BOX 11921, CHICAGO, IL 60611-0921
MEMBERSHIP TEL: 312 / 842 3146

YOUR CANCELED CHECK WILL BE YOUR RECEIPT.

DATE: _____ SIGNATURE: _____

THANK YOU VERY MUCH!

SWISSCLUBCHICAGO.COM