



MEMBERSHIP APPLICATION 2017

Membership Typ (check box that applies):

- ☐ Individual (\$30/year)
- ☐ Couples/Family (living in the same Household) (\$35/year)

Payment method (check box that applies):

- ☐ Check - **Please mail to: Martin Lagler, 4055 Grand Ave., Western Springs, IL 60558**
(the cancelled check is your receipt)
- ☐ ChaseQuickPay or PayPal "Send Money" to swiss@swissclubchicago.com
Please add note: "Membership 2017" and your First and Last Name

Member Information

Family Name			
First Name		Middle Name	
Birth Month		Birth Day	
Street			
City		State	
Zip			
Email			
Mobile			
Phone Home			
Phone Work			

Membership Reason (check box that applies):

- ☐ Swiss National
- ☐ Swiss Descendent
- ☐ Other reasons wanting to become a member of the Swiss Club Chicago

Heritage Region:

- ☐ Swiss German
- ☐ Swiss Romande
- ☐ Ticino ☐ Romansh

Other Swiss Memberships:

- ☐ SABC
- ☐ Swiss Benevolent Society
- ☐ Other _____

Spouse/Partner:

Last Name			
First Name		Middle Name	
Birth Month		Birth Day	
Email			
Mobile			
Phone Home			
Phone Work			

Child/ren: (if under 18 years of age)

First Name		DOB:			(dd/mm/yyyy)
First Name		DOB:			(dd/mm/yyyy)
First Name		DOB:			(dd/mm/yyyy)
First Name		DOB:			(dd/mm/yyyy)

- ☐ Please check the box if you wish to be added to the Mini Swiss Club Chicago emailing list and receive invitations for fun gatherings for our youngest members.

WELCOME and THANK YOU
for joining our Swiss Club of Chicago!

Elke Dietz Sujdak
Vice President & Membership
Cell: 815.715.0151