



MEMBERSHIP APPLICATION 2019

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: Reto Gallati, 4347 N. Greenview Ave., Chicago, IL 60613**
(the cancelled check is your receipt)
- ChaseQuickPay or PayPal "Send Money" to swiss@swissclubchicago.com
Please add note: "Membership 2019" 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
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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)

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

**Lolita Buryak
Membership Director
Cell: 224.522.5438**