



MEMBERSHIP APPLICATION 2020

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: Jean-Philippe Persico, 250 E Person St., Unit 1802, Chicago, IL 60611 (the cancelled check is your receipt)**
- ChaseQuickPay or PayPal "Send Money" to swiss@swissclubchicago.com
Please add note: "Membership 2020" 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) |

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

**Lolita Buryak
Membership Director
Cell: 224.522.5438**