



MEMBERSHIP APPLICATION 2026

Membership Type (check box that applies):

- ☐ Individual \$35 /Year
- ☐ Couples/Fa m i l y (living in the same Household) \$40/year

Payment method (check box that applies):

- ☐ **Check - Please mail to: Horst Zemp, 1955 Murcer Lane, Elgin, IL 60123**
(the canceled check is your receipt)
- ☐ **ChaseQuickPay or PayPal "Send Money" to: Swiss@swissclubchicago.com**
(Please add note "**Membership 2026**" 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 Vacca

Membership Director



Cell: 224-522-5438

E-mail: swiss@swissclubchicago.com

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