



ARIZONA SWISS SOCIETY

201_ Membership Form

(covers period from January 1 thru December 31)

Last Name _____ First Name(s) _____ year of birth _____

Spouse: Last Names _____ First Name(s) _____ year of birth _____

Children's First Name(s) and year of birth _____

Dues: 65 and over (per person)	\$ 10	\$ _____
Students (full time, up to 25 yrs old)	\$ 10	\$ _____
Single Membership	\$ 20	\$ _____
Family Membership (parents & their children till the age of 21 years)	\$ 30	\$ _____
Corporate Membership (special form) (includes one Family Membership)	\$ 60	\$ _____
Lifetime Membership	\$ 350	\$ _____
Donation		\$ _____
TOTAL		\$ _____

Please indicate:

_____ Membership Renewal (If no changes, no need to complete lines 1-5 below)

_____ New Membership Application

Contact information:

1. Address: _____

2. City: _____ State: _____ Zip Code: _____

3. Phone: _____ Alternate: _____

4. E-mail Address: _____

5. Swiss Citizens: Indicate Canton of orgin (1) _____ (2) _____

6. Signature : _____ Date: _____

**Please make checks payable to: ARIZONA SWISS SOCIETY
and mail to: Mrs Helene Block, 23142 W Antelope Trail, Buckeye, AZ 85326**