



# SWISS BENEVOLENT SOCIETY OF CHICAGO

Schweizerische Wohltätigkeitsgesellschaft

## MEMBERSHIP APPLICATION

YES, I want to become a member! Please enroll me in the following category:

- Senior Member
- Individual Member
- Family Member
- Patron
- Benefactor
- Life Member
- \*\*Corporate Member
- Additional Donation

Name(s): \_\_\_\_\_

Name(s) and age(s) of children under 21 years: \_\_\_\_\_

\*\*Company Name: \_\_\_\_\_

\*\*Type of Business: \_\_\_\_\_

\*\*Contact person: \_\_\_\_\_

\*\*Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day-Time Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age group:    \_\_\_ 21-40                    \_\_\_ 41-64                    \_\_\_ 65 or older

Enclosed is my check of \$ \_\_\_\_\_  
payable to the Swiss Benevolent Society of Chicago.

Please mail this application together with your check to:

**Swiss Benevolent Society of Chicago**  
**Membership Chair, P.O. Box 2137**  
**Chicago, IL 60690-2137**