





Inc. 1941

riponswissclub@aol.com

P.O. BOX 373 RIPON, CA 95366

www.sjvscriponswiss.com

## **APPLICATION FOR MEMBERSHIP**

	p in the San Joaquin Valley Swiss	Club as requested below:
PLEASE CHECK APPLICA		
<ul> <li>□ REGULAR MEMBERSHIP: Any Swiss or American of Swiss Descent</li> <li>□ PASSIVE MEMBERSHIP: Any non-Swiss whose spouse is Swiss or American-Swiss*</li> </ul>		
	: Any Spouse of a Regular or So	icial Member
□ SOCIAL MEMBER:	*	
*Automatically becomes a ADDITIONAL	Regular Member after 5 yrs	
	ousal Membershin (legal husband (	or wife) No extra dues
<ul> <li>□ Co-application for Spousal Membership (legal husband or wife). No extra dues.</li> <li>□ Application for Spousal Membership only. Spouse (legal husband or wife) is already a member in</li> </ul>		
good standing, therefore no fee or dues are required.		, , , , , , , , , , , , , , , , , , ,
	LLOWING WITH YOUR AP	
•	· · · · · ·	initiation fee of \$10 for a total of \$50) which I
	ble if for any reason this applicat	ion is not accepted.
PLEASE PRINT:		
Applicant's Full Name		Date of Birth
Spouse's Full Name		Date of Birth
Spouse's Full Name		Date of Birth
Address: Street, City, State, Zip	0	
, , , , , , , , , , , , , , , , , , ,		
Home Phone Number		Applicant's Cell Number
Work Phone Number		Spouse's Cell Number
Email		Spouse's Email
If surname is not of Swiss Origi	in, state claim to Swiss Heritage if	applying for Regular Membership
SIGNATURE OF APPLICANT	Γ .	SIGNATURE OF SPOUSE
I wish to receive Newletter's by	v: Mail Email	None
I wish to receive Funeral Notice	es by: Mail Email	None
☐ I understand that I will be c	contacted to volunteer and as a me	mber need to help at least once a year.
MAIL WITH CHE	CCK PAYABLE TO: SJVS	SC P.O. BOX 373 RIPON, CA 95366
	Office Use	e:
Membership Paid:	Initiation Fee Pd: Membership Update	