

MEMBERSHIP RENEWAL 2024

Please fill in your full name and add only the information that may have changed since last year.

Thank you!

Membership Type & Dues (check box that applies):							
Dues paid on or before March 31, 2024:		Dues paid AFTER March 31, 2023:					
☐ Individual (\$35/year)		Individual (Individual (\$40/year)				
☐ Couples/Family (living in the same	e household) (\$40/year) [Family (\$45/year)					
Payment method (che	ck box that ap	plies):					
☐ Check - Please mail to: Horst 2 (the canceled check is your receipt)	- ·	ne, Elgin, IL 6	0123				
□ Chase QuickPay or PayPal "Some (Please add note: "Membership Removed PayPal "Some PayPal" (Please add note: "Membership Removed PayPal" (Please add note: "Membership Removed PayPal") (Please add note: "Membership Removed PayPayPayPayPayPayPayPayPayPayPayPay	newal 2024" and your First		0				
Family Name							
First Name	Mic	ddle Name					
Birth Month		Birth Day					
Street							
City			State				
Zip				3			
Email							
Phone Home							
Mobile							
Phone Work							

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)

THANK YOU for your continued support!

Lolita Buryak

Membership Director

swiss club
chicago

Cell: 224-522-5438 E-mail: swiss@swissclubchicago.com