



ARIZONA SWISS SOCIETY

2008 Membership Form

(covers period from January 1 thru December 31, 2008)

Last Name (s) _____

First Names (s) _____

Dues: Over age 70 (per person)	\$ 10	\$ _____
Students (full time, up to 25 yrs old)	\$ 10	\$ _____
Single Membership	\$ 20	\$ _____
Family Membership	\$ 30	\$ _____
Corporate Membership (includes one Family Membership)	\$ 60	\$ _____
Lifetime Membership	\$ 350	\$ _____
Donation		\$ _____
TOTAL		\$ _____

Please make checks payable to: **ARIZONA SWISS SOCIETY**
and mail c/o **Mrs. Marianne Sacarisen**
10115 E. Bell Rd. Ste 107-499
Scottsdale, AZ 85260

Please indicate:

- _____ Membership Renewal (If no changes, no need to complete lines 1-6 below)
- _____ New Membership Application
- _____ I would like all correspondence sent via my e-mail address

Family contact information:

- Additional family members to those above _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone: _____ Alternate: _____
- E-mail Address: _____
- Swiss Citizens: Indicate Canton of origin (1) _____ (2) _____
- Signature : _____ Date: _____