



ARIZONA SWISS SOCIETY

www.arizonaswissociety.com

2025 Corporate Membership Form

(covers period from January 1 thru December 31)

<input type="checkbox"/> RENEWAL (please complete page 2)	<input type="checkbox"/> NEW (please complete page 2)
<input type="checkbox"/> CORPORATE MEMBERSHIP	<input type="checkbox"/> \$60
<input type="checkbox"/> AD PLACEMENT (1/3 OF DIRECTORY PAGE)	<input type="checkbox"/> \$45
<input type="checkbox"/> AD PLACEMENT (1/2 OF DIRECTORY PAGE)	<input type="checkbox"/> \$75
<input type="checkbox"/> AD PLACEMENT (1 FULL PAGE IN DIRECTORY)	<input type="checkbox"/> \$100
<input type="checkbox"/> ADDITIONAL FAMILY MEMBERSHIP (per family)	<input type="checkbox"/> \$40
<input type="checkbox"/> HARD COPY OF MEMBERSHIP DIRECTORY (published each April)	<input type="checkbox"/> \$5
<input type="checkbox"/> DONATION	<input type="checkbox"/> \$
<p><u>Form of payment for your membership:</u></p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> PayPal: https://bit.ly/48QAST3</p>	TOTAL = \$

Please make checks payable to ARIZONA SWISS SOCIETY and mail to:

Sibylle Zaugg-Reuter, 14032 E Clinton St. Scottsdale AZ 85259

If paying electronically please email the completed form to:

azswissociety.membership@gmail.com or mail it to the above address





CORPORATE CONTACT INFORMATION:

Corporation Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
Website:		

FAMILY CONTACT INFORMATION:

Last Name:		
First Name:	Year of Birth:	
Phone Number:	Email Address:	
Last Name:		
First Name:	Year of Birth:	
Phone Number:	Email Address:	
Children's First Name (s):		Year(s) of Birth:
Street Address:		
City:	State:	Zip Code:
Swiss Citizens Canton of Origin:		
Signature:		Date:

