

Last Name	_____	First Name	_____
		Date of Birth	_____
Spouse's Last Name	_____	First Name	_____
		Date of Birth	_____
Children's Name	_____	Date of Birth	_____
	_____	Date of Birth	_____
	_____	Date of Birth	_____
Address	_____	Home Phone#	_____
City	_____	Province	_____
ZIP Code	_____	Email:	_____

Membership Fees:

Family: 35\$ Single: 30\$ Senior: 25\$

Your membership expires on December 31, of each Year.

Please mail completed application to:

Swiss Cultural Society of Calgary, Box 75056, Westhills RPO, Calgary, AB T3H 3M1