



SWISS-AMERICAN SOCIETY OF THE PIEDMONT

P.O. Box 1074, Spartanburg, SC 29304

www.swissclubupstate.com

MEMBERSHIP APPLICATION FOR JANUARY – DECEMBER 2017

****All memberships run from January 1 – December 31****

Membership includes 1 Free event - the Members Only Fondue Abend

(PLEASE PRINT)

Last name: _____ **First names:** _____

Names and ages of Children in your household:

Street Address:

City, State, Zip Code:

Home Phone: () _____ **Cell Phone :** () _____

E-Mail Address: _____

****I would like my Swiss Mailings sent to my home address:** _____

****I would like to have my Swiss Mailings E-mailed to me:** _____

PLEASE COMPLETE AND RETURN WITH YOUR CHECK PAYABLE TO:
SWISS-AMERICAN SOCIETY, P.O. BOX 1074, SPARTANBURG, SC 29304

Check Enclosed for \$ _____ (Family \$50, Single \$30, Mailings Only \$10)

MEMBERSHIP AGREEMENT:

I do hereby warrant that I am over 21 years of age. I so release and waive any and all liability claims or demands against the Swiss-American Society of the Piedmont, its officers, board members, and each and every board member thereof, which may arise out of, or be related to any injury, damage or pecuniary loss to me or to any member of my family by reason of such Swiss-American Society of the Piedmont membership and participation in Swiss-American Society sponsored activities.

Your Signature _____ Spouse's Signature _____ Date _____

DIRECTORY AGREEMENT:

By signing below, I wish to be listed in the 2017 Swiss-American Society Membership Directory, which includes my name, address and phone number. I agree not to use, sell or give this list to any persons or organizations for solicitation or advertisement in hard-copy or electronic form. Do NOT sign below, if you do NOT wish to be listed in the Directory. *The directory will only be sent out one time – in March or April, so send in your membership forms as soon as possible.

Please Sign _____ Spouse _____ Date _____