



**Membership Type:** ..... Individuals (\$30)  
 ..... Couples (\$40)  
 ..... Families with children under the age of 18 (\$50)

Join Date: \_\_\_\_\_  
 How did you find out about us: \_\_\_\_\_

	Primary Member	Spouse/Partner
First Name		
Last Name		
DOB <small>(mm/dd/yyyy)</small>		
email		
Mobile Phone		
Home Phone		

	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
First Name			
Last Name			
DOB <small>(mm/dd/yyyy)</small>			

**Mailing Address**

Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

	Yes	No
Are you a Business Owner		
Are you a permanent Resident in SWFL		

Pay with Zelle: treasurer.swissamericanclub@gmail.com  
 Pay with Check: Swiss American Club of SW Florida  
 2718 NW 10th Street  
 Cape Coral, FL 33993

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