



2026 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 (mm/dd/yyyy)		
Email		
Mobile Phone		
Home Phone		

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

Mailing Address:	
Street/Apt No.:	
City/	
State	
Zip	
Country	

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

Pay with Zelle:
Pay by Check

finance.swissamericanclub@gmail.com
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