



Swedish Club
Of San Francisco and Bay Area
Founded 1913

P.O. Box 494 San Carlos, CA 94070
www.swedishclubofsfba.org

Date _____

Application for membership

I (we) hereby apply for membership in the Swedish Club of San Francisco and the Bay Area. If my (our) application is accepted, I (we) agree to conform to all laws, rules and regulations of the Swedish Club now in force or hereafter enacted.

Initiation Fee: None
Please submit First year dues with application.

Annual Dues	Individual	With Spouse
First Year	\$17.50	\$22.50
Continuing	\$35.00	\$45.00

SELF
 Name _____
 Home Address _____
 City/State/Zip _____
 Home phone _____
 Cell # _____
 Email _____
 Date of Birth _____ (mm/dd/yy)
 Occupation _____

SPOUSE (If Applying Also)
 Name _____
 Home Address _____
 City/State/Zip _____
 Home phone _____
 Cell # _____
 Email _____
 Date of Birth _____ (mm/dd/yy)
 Occupation _____

The Swedish Club of San Francisco and Bay Area meets every 2nd Wednesday nine months of the year.
 Social Hour: 6:30 PM Dinner: 7:30 PM Followed by an entertaining program.

Sponsoring members (2)

Name _____ Name _____
 Home Address _____ Home Address _____
 City/State/Zip _____ City/State/Zip _____

