



*Swedish Club*  
*Of San Francisco and Bay Area*  
**Founded 1913**

P.O. Box 494 San Carlos, CA 94070

[www.swedishclubofsfb.org](http://www.swedishclubofsfb.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 most 2<sup>nd</sup> Wednesdays 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 \_\_\_\_\_

