



Membership Application

I hereby make application for active membership in the Kansas City Swiss Society, and if accepted I agree to abide by its bylaws, rules and regulations now in effect and hereafter adopted.

Name: _____ Date of Birth: _____

Nationality: _____ Canton: _____

If not Swiss, indicate your Swiss connection: _____

Spouse: _____ Date of Birth: _____

Nationality: _____ Canton: _____

Names and birth dates of children: _____

Home Address: _____

Home Phone: _____ Cell: _____

Business or Profession: _____

Business Address: _____

Family Membership Dues \$25.00 Single Membership Dues \$18.00

Signed: _____ Date: _____ Place: _____

Recommended by: _____ Phone: _____

(Current member of K.C. Swiss Society)

Mail application and check payable to Kansas City Swiss Society to:

Harry K. Newby
8038 Halsey Street
Lenexa, KS 66215
Phone: (913) 888-0095

Date presented for approval: _____

Date introduced as new members: _____