



Scandinavian Society Membership/Renewal Form

Please type or print.

Surname/Maiden Name First Name Country of Ancestry Native-Born? Yes/No

1. _____

2. _____

Date of Birth (year optional) Occupation (current or previous) Interests

1. _____

2. _____

Name & Age of Children (under Age 18) Living at Home

1. _____ 2. _____

3. _____ 4. _____

Name of Additional Adult Household Member(s)

1. _____ 2. _____

Home: Street _____

City/State/Zip _____

Phone () _____ Mobile () _____

Email(s) 1. _____ 2. _____

How did you hear about us? _____

MEMBERSHIP FEES per calendar year (Jan-Dec)

Family/Household \$40

Individual -----\$25

College Student --- Free

First-Time Young Adult (post Free College-Membership) \$10/one year

Please make check payable to **Scandinavian Society of Cincinnati**

Mail to Susan Moio 9984 Hueseman Rd Aurora IN 47001