



## Scandinavian Society Membership/Renewal Form

Please type or print.

Date: \_\_\_\_\_

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. \_\_\_\_\_

### Contact Information

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Mobile: (        ) \_\_\_\_\_

Email(s): \_\_\_\_\_

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 J.M. Davitt, P.O. Box 428778, Blue Ash, OH 45242

For questions email Kerstin at [lundgrk@gmail.com](mailto:lundgrk@gmail.com)