



Scandinavian Society Membership Renewal Form

Surname/Maiden Name First Name Country of Ancestry/Native-Born?

1. _____

2. _____

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

1. _____

2. _____

Name & age of children living at home

1. _____ 2. _____

3. _____ 4. _____

Name of additional household member(s)

1. _____ 2. _____

Home: Street _____

City/State/Zip _____

Phone () _____ Mobile () _____

Email(s) 1. _____

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 Wicklund 1733 Fallbrook Lane Cincinnati, Ohio 45240