

# MEMBERSHIP APPLICATION FORM

(Not to be used for renewing existing membership)

## Please tick appropriate box

<input type="checkbox"/> Single Membership	£32
<input type="checkbox"/> Joint Membership	£48
<input type="checkbox"/> Single Senior (over 60)	£24
<input type="checkbox"/> Joint Senior (over 60)	£36
<input type="checkbox"/> Student (under 26)	£24
<input type="checkbox"/> Youth (under 18)	free

## Please use capital letters

Mr/Mrs/Miss/Ms

Tel home: \_\_\_\_\_

Surname: \_\_\_\_\_

Tel mobile: \_\_\_\_\_

First Name: \_\_\_\_\_

Tel office: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Dob: \_\_\_\_\_

If Swiss: Commune/Canton of origin: \_\_\_\_\_

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

*Please mention if you hold dual nationality*

Town: \_\_\_\_\_

Other nationalities: \_\_\_\_\_

Post code: \_\_\_\_\_

2<sup>nd</sup> applicant (spouse/partner)

Mr/Mrs/Miss/Ms

Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_

First Name: \_\_\_\_\_

Dob: \_\_\_\_\_

If accepted, I will abide by the Rules of the New Helvetic Society.

I enclose my remittance made payable to the *New Helvetic Society* for the current annual subscription fee. Subscription fees are valid from one AGM held in April to the next.

Signed: \_\_\_\_\_

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

How did you learn about our society? \_\_\_\_\_

Proposer: \_\_\_\_\_

Please send this application form together with your remittance to: **New Helvetic Society, Membership Secretary, c/o Swiss Embassy, 16–18 Montagu Place, London W1H 2BQ**