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**The Swedish Colonial Society**

**Member Application**

Application must be accompanied with a payment based on membership level, payable to The Swedish Colonial Society.

Applicant’s name: Date:

Mailing address:

Telephone: \_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_ \_\_\_\_\_\_\_

Is this the first time you are applying for membership? \_\_\_\_ YES \_\_\_\_NO

Are you purchasing an Organization membership? \_\_\_\_ YES \_\_\_\_NO

If yes, Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you purchasing this membership as a gift? \_\_\_\_ YES \_\_\_\_NO

If you answered “Yes” to the above, please enter the Name, Address, Phone Number and Email address of the person receiving your gift. If you answered No above, leave blank

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose a Membership Type

Single ($45.00): \_\_\_\_\_

Family ($52.50): \_\_\_\_\_

Organization ($52.50): \_\_\_\_\_

Life Membership ($600.00): \_\_\_\_\_

Mail application and check to: Registrar

The Swedish Colonial Society  
C/O Registrar  
916 Swanson St.   
Philadelphia, PA 19147

Or make payment online and email document to: [registrar@colonialswedes.net](mailto:registrar@colonialswedes.net)

Thanks for sending your membership information!