



Application for SCANDINAVIAN CLUB Membership

According to the Club's Constitution and By-Laws, members must meet one of the following requirements:

1. Applicant or co-applicant is of Scandinavian birth or ancestry.
2. Applicant or co-applicant is committed to maintaining the cultural heritage of Scandinavia.
*Each able-bodied adult member is expected to serve on one dinner committee each year and one additional committee.

Date of Application: _____ Yearly Dues: Single \$20, Family \$35, includes children to 21yrs.

Name of Applicant _____

Address _____

Home Phone _____ E-Mail Address _____

Occupation _____ *If retired, former occupation* _____

Employer _____ Work phone (optional) _____

Name of Spouse/Companion _____

Occupation _____ *If retired, previous occupation* _____

Employer _____ Work phone (optional) _____

Please outline your ancestry, the Scandinavian country in which you or your spouse were born, or your ancestors were born, or give details of your residency and/or interest in the Scandinavian countries:

continued on back page

Dependent Children: (Infant to age 21 included in membership)

Name _____

Date of Birth ____/____/____
mo. day year

Name _____

Date of Birth ____/____/____

Name _____

Date of Birth ____/____/____

Name _____

Date of Birth ____/____/____

ACTIVITY COMMITTEES

The board alone cannot keep the club alive - get involved and make the club truly yours! Besides one dinner committee, every member is expected to participate in at least one additional committee (volunteering for an extra dinner committee or being a dinner captain will count for this). We have several committees that will help the board serve the membership better and enable everybody to be an active member. Please, choose the committee(s) that best fit(s) your interests (see backside).

- | | | |
|-------------------------|-------------------------------------|-------------------------------------|
| _____ Calling committee | _____ Membership committee | _____ Newsletter committee |
| _____ Program committee | _____ Children's Activity committee | _____ Music committee |
| _____ Website committee | _____ Library/Archives committee | _____ Treasurer's support committee |
| _____ Dinner Captain | _____ Additional dinner committee | |

Country resource committees:

- _____ Denmark _____ Finland _____ Iceland _____ Norway _____ Sweden

If you have any questions about these committees, please, feel free to contact any of the current board members.

Check type of MEMBERSHIP:

_____ \$35 yearly, Family Membership

_____ \$20 yearly, Individual Membership

Both memberships include children younger than 18 years of age

Date _____ Signature _____

Please return this application and a check payable to:

SCANDINAVIAN CLUB OF COLUMBUS
Attention: Membership Chair
P. O. Box 14296
Columbus, OH 43214-0296

For Board use only:

Date application received ____/____/____ Payment: \$ ____ Check \$ ____ Cash

Membership Chairperson _____