



**SWISS
AMERICAN
SOCIETY
LUCERNE**

Postfach 4011, CH-6002 Luzern, Switzerland
www.sasl-lucerne.ch

Please return this form to the
SASL Membership Secretary:

Christine Kinkel
Hertensteinstrasse 28
6004 Luzern

Phone: 079 439 36 31
Email: christine_kinkel@pashanet.com

Application for Private Membership

First & Last Name: _____ Nationality: _____

Employer/Profession: _____

Name of spouse/partner: _____ Nationality: _____

Spouse's/partner's profession (if unemployed, previous profession): _____

Names and years of birth of children: _____

Home Address: _____ Post Code/City: _____

Home Telephone: _____ Mobile Phone(s): _____

Email Address(es): _____

Brief Family Bio: Please use the back of this application to write a paragraph about you/ your family or send it via email to: sasl_membership@yahoo.com

Areas of interest and/or expertise - please check all that apply:

| | Interest | Expertise | | Interest | Expertise |
|------------------|----------|-----------|------------------|----------|-----------|
| Photography | _____ | _____ | Public Relations | _____ | _____ |
| Creative Writing | _____ | _____ | Music/Theater | _____ | _____ |
| Newsletter | _____ | _____ | Outdoors/Hiking | _____ | _____ |
| Fundraising | _____ | _____ | Youth Activities | _____ | _____ |

Areas in which I am willing to help: _____ Host/work on an event _____ Welcome new families

In CH since what year? _____ Remaining time in CH: _____

How did you hear about the Swiss American Society Lucerne? _____

Photos taken during our events are published in our newsletter and may in the future be posted on the SASL website. **Yes or No** - Do you agree to have photos of you and your family: **Published in the SASL newsletters / brochures?** _____ **Posted on the SASL website?** _____

Family membership rate applies to couples with or without children aged 21 and under.
The annual membership fee for singles is CHF 100.00 For families CHF 120.00
The annual membership fee for Senior Citizens (65 and over) and Students is CHF 75.-
Application and membership is subject to SASL Board approval.

Date: _____ Signature: _____