

AMERICAN INTERNATIONAL CLUB OF ZURICH

Member of the Association of American Clubs (AAC)

SINGLE MEMBERSHIP APPLICATION

The single membership fee is CHF 150.00 / calendar year. The fee will be pro-rated depending on the date the application is submitted.

Data will be published in the Membership Directory. Tick off yellow box in the corresponding field for data NOT to be published.

Personal Information (please print)		
Private address		
Title (private)		
Family name		
First name (nickname)		
Citizenship		
Birthdate / place (confidential)		
(Spouse/Partner)		
Home street address	-	
Home postal code, city, country	<u> </u>	
Telephone	-	
Personal email address	<u> </u>	
Web Site or Community Profile; Facebook, etc.; (URL)		
Business Information (p	lease print)	
Business address		
Title (business)		
Company name		
Street address		
Postal code, City, Country		
Telephone		
Business email address	<u></u>	
Web Site or Community Profile; Facebook, etc.; (URL)		



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About AICZ				
Please indicate which AICZ events	you have attended (opti	onal):		
Please indicate what activities or se	rvices you would like to	see the AICZ organize (optional):		
How did you hear about the AICZ?				
www.aicz.ch	Friend	Work		
Other club	Email list	Flyer		
Other (please specify)	<u>.</u>			
Annual dues become payable upon applicant's admission to the AICZ as a Full Member.				

By signing this application, you agree to the following terms:

I submit the above information for Membership in the AICZ and for publication in the Membership Book, unless otherwise marked.

I agree that, upon notification of acceptance and receipt of the bill, I will remit the membership dues, and I agree that a summary may also be used in a new member announcement in the AICZ Newsletter, and I agree that my picture may be taken at events and published.