



AMERICAN INTERNATIONAL CLUB OF ZURICH  
Member of the Association of American Clubs (AAC)

## FAMILY MEMBERSHIP APPLICATION

**The family membership fee is CHF 250.00 / calendar year and extends membership benefits to children under the age of 18. 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.

<b>Personal Information</b> <i>(please print)</i>		
	<i>Member</i>	<i>Spouse/Partner</i>
<b>Private address</b>		
Title (private)		
Family name		
First name (nickname)		
Citizenship		
Birthdate / place (confidential)		
Children: names & year of birth		<input type="checkbox"/>
Home street address		<input type="checkbox"/>
Home postal code, city, country		<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Personal email address	<input type="checkbox"/>	<input type="checkbox"/>
Web Site or Community Profile; Facebook, etc.; (URL)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Business Information</b> <i>(please print)</i>		
	<i>Member</i>	<i>Spouse/Partner</i>
<b>Business address</b>		
Title (business)		
Company name		
Street address		
Postal code, City, Country		
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Business email address	<input type="checkbox"/>	<input type="checkbox"/>
Web Site or Community Profile; Facebook, etc.; (URL)	<input type="checkbox"/>	<input type="checkbox"/>



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## About AICZ

Please indicate which AICZ events you have attended (optional):

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Please indicate what activities or services you would like to see the AICZ organize (optional):

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How did you hear about the AICZ?

<a href="http://www.aicz.ch">www.aicz.ch</a>	Friend	Work
Other club	Email list	Flyer
Other (please specify)		

Annual dues become payable upon applicant's admission to the AICZ as a Full Member.

Place, Date	Print Name(s) / Signature of Applicant(s)
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**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.*