



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

GUEST MEMBERSHIP¹ APPLICATION

Check box as appropriate

Guest Membership

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

Member

Personal Information <i>(please print)</i>		
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> other
	Citizenship:	Citizenship:
Family Name	<input type="checkbox"/>	<input type="checkbox"/>
First Name (Nickname)	<input type="checkbox"/>	<input type="checkbox"/>
Birth Date/Place		n/a
Home Street Address	<input type="checkbox"/>	n/a
<input type="checkbox"/> send AICZ post to this address		
Postal Code, City, Country	<input type="checkbox"/>	n/a
Telephone	<input type="checkbox"/>	n/a
Web Site or Community Profile; Facebook, etc.; (URL)	<input type="checkbox"/>	n/a
Personal E-Mail Address	<input type="checkbox"/>	
<input type="checkbox"/> send AICZ emails to this address		n/a
Business Information		
Job Title	<input type="checkbox"/>	n/a
Company Name	<input type="checkbox"/>	n/a
Web Site (URL)	<input type="checkbox"/>	n/a
Street Address		n/a
<input type="checkbox"/> send AICZ post to this address		
Postal Code, City, Country	<input type="checkbox"/>	n/a
Telephone	<input type="checkbox"/>	n/a
LinkedIn or Community Profile; Facebook, etc.; (URL)	<input type="checkbox"/>	n/a
Professional E-Mail Address	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> send AICZ emails to this address		<input type="checkbox"/> send AICZ emails to this address



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Please Tell Us About Yourself

Periods of residence in USA and / or Canada:

From	To	City
From	To	City

Periods of employment with US or Canadian companies or educational institutions:

From	To	Company	City
From	To	Company	City

Do you travel regularly to the US or Canada? yes no

Please list any other ties/relationships with the US/Canada:

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Please indicate which AICZ events you have attended:

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

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How did you hear about the AICZ?

<input type="checkbox"/> www.acz.ch	<input type="checkbox"/> Friend	<input type="checkbox"/> Work	<input type="checkbox"/> Other Club	<input type="checkbox"/> Email List	<input type="checkbox"/> Flyer
<input type="checkbox"/> Other (please specify)					

Annual duesⁱ become payable upon applicant's admission to the AICZ as a Guest Member.

Place, Date	Print Name / Signature of Applicant
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By signing this application, you agree to these 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.

Endorsement by 2 Executive Committee Members required:

Print Name / Signature	Print Name / Signature
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ⁱ Annual Dues may be prorated by quarter (e.g., 37.50 for half-year guest membership; 18.75 for quarter-year guest membership)