



The Canadian Schwaben Sick Benefit Association

Schwaben Club

MEMBERSHIP APPLICATION

50 Scheifele Place,
PO Box 356 Breslau, Ontario
N0B 1M0
T: 519-742-7979

www.kitchenerschwabenclub.com
E: schwaben@kitchenerschwabenclub.com

All persons are welcome, regardless of heritage or background.

I do hereby apply for membership in the Schwaben Club. I shall recognize the constitution and respective by-laws and shall act in the best interest of the Schwaben Club. I shall pay the yearly membership dues in the month of January hereafter.

One-time Membership Application Fee: \$25.00

Application 1

Name: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Apt. #: _____ City: _____

Province: _____ Postal Code: _____

Telephone #: _____

Email: _____

As valued members and friends, the Schwaben Club requests your consent to allow the Club to send you important information and announcements through email. Your consent is required to comply with the Anti-Spam Legislation (CASL). _____
Please sign here

Occupation: _____

Hobbies/Interests: _____

Would you be willing to be consulted on subjects within your expertise or interest? Yes No

The majority of our members also volunteer to assist with various activities. This helps to keep our Club costs down. Would you be willing to help us as a volunteer? yes no

Would you like your children or grandchildren to be part of the Schwaben Club and partake in its activities? Please give their names and ages below.

Name: _____ Age: _____

Name: _____ Age: _____

Signature: _____

Date: _____

Application 2

Name: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Apt. #: _____ City: _____

Province: _____ Postal Code: _____

Telephone #: _____

Email: _____

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Name: _____ Age: _____

Name: _____ Age: _____

Signature: _____

Date: _____

Use of Photographs and Video Recordings: From time to time, Schwaben Club activities are photographed or video recorded, by members or the media, to highlight activities. These recordings could be posted on the Schwaben Club website, Facebook page, Twitter page.

I give permission for my photo or recording to be used for the purposes identified above. yes no

I give permission for my photo or recording to be used for the purposes identified above. yes no

Introduced by: _____

Sponsor #1: _____

Sponsor #2: _____

Recording Secretary of the Schwaben Club: _____

Dated this _____ day of _____, 20_____ at **Breslau, Ontario.**

Please Note:

Membership application must be received in the office or by the Recording Secretary at least one week prior to introduction as an 'applicant for membership' at the next General Meeting. Any false declaration may result in rejection of your application or revocation of your membership. Privacy Notification: Personal information on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act. The Schwaben Club will use

your information to send you newsletters and other informational materials. Your information will remain confidential.