

2009-10 SSWP Membership Renewal Form

IMPORTANT: Use this form to ensure that we have your correct information.
Return with your payment.

Name(s): _____

Children and birth year: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

I am willing to receive the newsletter and other communications, including the annual ballot, by my email address:
 Yes No

Please start/renew a **Gift Membership**: **Single** or **Family** for:

Name(s): _____

Children and birth year: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

They are willing to receive the newsletter and other communications, including the annual ballot, by their email address:
 Yes No

Number		Amount Due
_____	Family Memberships @ \$20 ea.	_____
_____	Single Memberships @ \$15 ea.	_____
	Contribution to Scholarship Fund*	_____
	Total due and included	_____

Please make your check payable to: **Scandinavian Society of Western Pennsylvania** and mail it to:
Robert Gundersen, Membership Coordinator, 518 Guyasuta Rd., Aspinwall, PA 15215

I am able to help with the following activities:

- Coordinate an activity
 Crayfish Party
 Nordic Night
 Christmas Party
 Regular meeting
 17th of May
 Midsummer
 Newsletter Contributor
 Phone Tree
 Other, please describe _____

*Note: The SSWP is a Commonwealth of Pennsylvania Non-profit Corporation, not a Federal 501c3. Please seek tax advice concerning the deductibility of your contribution.