



Membership Application
Slovenian Women's Union of America
Slovenska Ženska Zveza v Ameriki

www.swua.org

swuhome@sbcglobal.net

(815) 727-1926

Yes! I want to join the S.W.U.A. I want to preserve and promote the legacy of our Slovenian-American heritage. As a member I will receive the publication, ZARJA - The Dawn; I can affiliate with branches and events across the country and best of all, I will come in contact with fellow Slovenians.

Choose type of membership:

- | | |
|---|---|
| <input type="checkbox"/> Junior (Birth to 18), Annual Dues \$5.00
(No prorated dues offered for junior memberships) | <input type="checkbox"/> Adult, Annual Dues \$20.00
(includes returning members) |
| <input type="checkbox"/> Adult, Prorated Dues \$10.00
(offered only to first time members
joining June 30 – December 31) | <input type="checkbox"/> Adult, International Address
Annual Dues \$30.00 |

Invoices are sent annually in January; dues notices in the amount of \$20.00/adult or \$5.00/junior will be mailed to the address of the member listed below in January of the next calendar year after joining.

Please print the requested information below and send this application form with a check payable to:

Slovenian Women's Union of America 431 North Chicago Street, Joliet, IL 60432

Name _____ Maiden Name _____

Street Address _____ City/State/Zip _____

Phone _____ E-Mail _____

Date of Birth _____ Branch Affiliation Number (if known) _____ Location: _____

Please describe your Slovenian ancestry and provide **SLOVENIAN SURNAMES**.

Do you speak Slovenian? _____

How did you hear about us? S.W.U.A. member ___ newspaper ___ website ___ other _____

I would like to volunteer for the S.W.U.A. My area of interest or expertise is: _____

Applicant's signature: _____ Date: _____

Tell a Friend! If you wish us to send information to a friend or relative just fill in name and address here:

My friend's name _____

Address _____ City _____ State _____ Zip _____