

## Invitational Membership Gift

Your name \_\_\_\_\_

New member's name \_\_\_\_\_

Phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Today's date \_\_\_\_\_

### Payment information

\$25 per Invitational Membership.

Total amount: \$ \_\_\_\_\_ Check enclosed \_\_\_\_\_

Visa/MasterCard #: \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_

Your signature for credit card:

\_\_\_\_\_

Please return the form, completed and signed, with payment to: Swedish Cultural Center, 1920 Dexter Ave. N., Seattle, WA 98109.