

HOUSE OF SWEDEN MEMBERSHIP APPLICATION FOR 2016

Last name

First name(s)

Mailing address

City	State	ZIP	-
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Preferred phone number(s) : 1-

Preferred e-mail:

Dues: \$20/ person or \$30/family or \$5/student (Make check to House of Sweden)

Mail to Carl Englund, POB 565, Julian, CA 92036-0565