



Membership Application

All information besides address is voluntary

Mr. / Mrs. / others	
Name	
Address	
City	
State	
Zip	
Phone	
E-mail	
If married, Name of Spouse	
City, Canton or Country of origin His	
City, Canton or Country of origin Hers	
Occupation / His	
Occupation / Hers	
Number of Children	
Age(s) of Children	
Date	
Signature(s)	
Membership / Family \$ 30.00	
Membership / Single \$ 20.00	
Membership / Passive \$ 15.00	
Membership / Life (15 x Annual Dues)	
MRF Founding Member (Individual) \$250.00	
Separate check to Maurice Rohrbach Fund	THANKS

Make check payable to "NEW HELVETIC SOCIETY: and mail along with application to:

Dolf Herger, 142 Commonwealth Drive, Newtown, Pa 18940-2316