

ITALIAN AMERICAN CULTURAL SOCIETY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Male / Female
Date of birth:	Phone:	Cell:
Current address:		
City:	State:	ZIP Code:

MEMBERSHIP

Are you a current member: Yes / No		Are you a NEW member: Yes / No	
Membership Type: Please Choose ONE	Senior Age 62 and Over \$40.00	Senior Couple \$80.00	
Individual (61 or less) \$55.00	Family (incl. children under 21) \$100.00	Patron \$300.00	
Benefactor \$500.00	Lifetime \$5,000	E-Mail:	

EMPLOYMENT INFORMATION

Current employer:			
Employer address:		City:	Zip:
Phone:	E-mail:	Fax:	
Occupation:			

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:	
Date of birth:	Cell:

SPOUSE EMPLOYMENT INFORMATION

Current employer:			
Employer address:			
Phone:	E-mail:	Fax:	
<input type="checkbox"/> City:	State:	ZIP Code:	
Occupation:			

CHILDREN IN HOME FAMILY MEMBERSHIP

Name:	M / F	DOB
Name:	M / F	DOB
Name:	M / F	DOB
Name:	M / F	DOB

OTHER

Are you a member of another Club or Organization? Please list:
Hobbies or Interest?
May we call on you for volunteer opportunities?
How did you hear about us?

SIGNATURES

***Upon receipt of payment you may start enjoying the benefits of membership.
Memberships are 12 consecutive months after payment date. Renewable annually.
Make checks payable to the IACS. Mailing Address: 43843 Romeo Plank Road, Clinton Twp., MI 48038***

Signature of applicant:	Date:
Visa /MasterCard /Discover (Please Circle) PayPal www.iacsonline.net	
Card number:	Expiration Date:

OFFICE USE ONLY

Received:	Paid By:	Renewal Month:
-----------	----------	----------------