

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 \$35.00 Senior Couple \$70.00

Individual (Under Age 61) \$45.00 Family (incl. children under 21) \$80.00 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: _____

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? _____

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.*

Signature of applicant: _____ Date: _____

Visa /MasterCard (Please Circle) _____

Card number: _____ Expiration Date: _____

OFFICE USE ONLY

Received: _____ Paid By: _____ Renewal Month: _____