



Application for Membership

Applicant:

Name – Please print

Phone Number

City/Town

State

Zip Code

Email Address

Sponsor:

Name

I hereby apply for membership to the Hartford Italian Officers Association and I agree to abide by the constitution and to the by-laws of the Hartford Italian Officers Association.

Membership Dues: \$156.00 yearly

Yearly renewals of the dues occur every January 1st and are due at this time for all members that do not have payroll deduction.

Signature

Date

Official Use Only

Amount Paid: _____

Cash: _____

Check #: _____

Payroll Deduction: _____