AMICI – ITALIAN - AMERICAN BENEVOLENT ASSOCIATION

MEMBERSHIP APPLICATION

(Type of membership; individual or family)

(Must be of Italian descendant either by mother and/or father or significant other) (Required for membership)

Applicant's Name: _____ Spouse_____

Family Members: _____ _____ _____ _____

(Children must range in age between 10 yrs and 17 yrs (inclusive) to be eligible for family membership)

Home Address: _____ City: _____ State: _____ Zip Code:_____

Home Phone No.: _____ Cell No. _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____ Business Fax:_____

Mother's Maiden Name: _____ Spouse_____ Fathers Last Name: _____ Spouse _____

Mother' Country of Birth: _____ Spouse_____ Fathers Country of Birth: _____ Spouse_____

How did you hear about us?

_____

I (we) hereby apply for membership and agree to abide by Amici- Italian-American Benevolent Association by-laws. **I (we) also acknowledge that of our application for membership is pending until approved by a majority vote of the "Association" members.**

1st year membership dues of $50 (individual) or $85 (family) are to be included with this initial application.

_____ Date: _____ _____

(Applicants Signature) **(Spouses signature)**

E-MAIL(applicant) _____ E-MAIL (Spouse) _____

App. Received: _____ Check Received: _____ Approved: _____ Sworn in: _____

File: Amici membership form 1-8-13 ver 6(post meeting)