



Italian Club of Seattle

Founded April 26, 1920

MEMBERSHIP APPLICATION

(TO THE ITALIAN CLUB, BOARD OF TRUSTEES)

*Make checks payable to The Italian Club of Seattle, Inc. and mail to:
P.O. Box 9549, Seattle, WA 98109-0549*

DATE _____

I do hereby make application for membership in the SEATTLE ITALIAN CLUB, INC., for membership, and herewith enclose the fees as stated below, subject to the By-Laws and Rules of said Club, in support of which I offer the following information: (PLEASE PRINT)

NAME IN FULL:			
RESIDENCE ADDRESS :		EMAIL :	
CITY:	STATE:	ZIP:	
RESIDENCE TELEPHONE: ()	FAX:()	CELL:()	
PLACE & DATE OF BIRTH:			(mm/dd/yy)
PROFESSION OR BUSINESS:		POSITION OR TITLE:	
NAME OF FIRM:		PHONE:	
BUSINESS ADDRESS :		EMAIL :	
CITY:		STATE:	ZIP:
I HAVE BEEN A RESIDENT OF _____, WA FOR _____ YEARS			
SPOUSE:			
CHILD#1:	AGE:	CHILD#2:	AGE:
CHILD#3:	AGE:	CHILD#4:	AGE:

IF OF ITALIAN DESCENT, please complete the following:

SOURCE OF ITALIAN ORIGIN:

Direct Decent Relation (e.g. Grandfather) _____

Relation's Name Relation's Place of Birth (e.g. Venice) _____

PARTICIPATION: Please circle which Italian Club committees you have an interest in:

Education	Community	Social	Membership
Communication	Children's	Bylaws	Facilities
		Finance	

FEES: (\$50.00 annual dues one member) I enclose a check in the amount of \$ _____.
(NOTE: dues shall cover the following year for applications received after September of the present year).

It is understood that this application shall not be binding upon the SEATTLE ITALIAN CLUB, INC., until written notice of acceptance has been received. If not accepted, a full refund of fees submitted will be made.

Respectfully submitted, _____ Date: _____
(Signature of Applicant)

SPONSORS: We, the undersigned members, hereby sponsor the above applicant.

(Member) _____ (Member) _____

OFFICE USE:

Date presented to Membership Committee _____ Date Accepted: _____