



Italian American Women's Guild Membership Application
Attention: Membership Chairperson

Mail completed application to: Joycelyn Firenzi-Pine, 275 Uplands Drive, Hillsborough, CA 94010
firenzi@comcast.net (650) 678 -8765

Qualifications: Applicants shall be female and of Italian heritage by birth or marriage

Ms.

Mrs. _____

circle one First Middle Last

Maiden Name Date of Birth Marital Status

Home Address _____

Number and Street

City State Zip

Telephone Number Cell Number Email Address

Occupation: _____ Name of Company: _____

Work Address: _____ Work Telephone Number: _____

Number and Street

City State Zip

Spouse Name or

Emergency Contact: _____ Telephone Number: _____

How are you a member of the Italian community: Birth Marriage

Do you have any interest in becoming an officer, a committee chairperson or serving on a committee? Yes No

Special Interests: _____

I agree to abide by all the rules and regulations of the "Italian American Women's Guild".

Applicant's Signature	Date
-----------------------	------

Print Name

Sponsor's Signature	Date
---------------------	------

Print Name

This section to be completed by Membership Chair

Approved by:

Membership Chairperson	Date
------------------------	------