



Italian Benvenuti Club

IBC Membership Application



Italian Benvenuti Club

Membership Request:

Name: _____ Nickname: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Email: _____

Month/day of your birth: _____ Place of Birth: _____

Maiden Name of your Italian Family: _____

Ancestral Province / County if Italian: _____

Foreign Languages you speak: _____

Foreign Language(s) you are learning: _____

Countries you've traveled: _____

Spouse Information

Full Name: _____ Nickname: _____

Ancestral Province/County if Italian: _____

Foreign Language(s) they speak: _____

Foreign Language(s) they are learning: _____

Countries they've traveled : _____

Information for the IBC:

How did you learn about the IBC? _____

Reasons for joining the IBC: _____

How would you like to be involved?: _____

IBC Photo:

Please provide a headshot/photo of your face for the IBC roster when returning this application.

Photo Release Consent:

I hereby grant permission to the Italian Benvenuti Club to freely use photographs and/or video of me taken during membership events and relevant meet-ups in publications, news releases, online, and in other communications related to the mission of the Italian Benvenuti Club.

Signature and Date: _____ Date: _____

Membership application online at www.ibcpdx.org

Yearly dues are \$65 single, \$90 couples. ***Please don't send payment until notified.***

Submit Membership Application via email to IBC Secretary: icecole22@yahoo.com

OR mail to: Italian Benvenuti Club, 4110 SE Hawthorne Blvd #658 Portland, OR 97214