

ITALIAN CATHOLIC FEDERATION

8393 Capwell Drive, Suite 110

Oakland, CA 94621



MEMBERSHIP APPLICATION AND DATA FORM

*See prorated membership dues below

Branch No. **#352** City: **DANVILLE CA**

Family Name:

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Leave Blank
For New
Members

No.	First Name	Int.	Birthdate Mo. Da. Yr.	Age	Member No.	Dues Paid	Date Paid	To	No. Of Mo.																									
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Children: Under the age of 18 or 18-23 if full time student

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Family Rate

\$

**ANCESTRAL VILLAGE
IN ITALY?**

Action Requested

- ☐ Individual Membership
- ☐ Family Membership
- ☐ Change Address/Name/Ph.
- ☐ Cancellation Hospital Plan
- ☐ Transfer To Br.# _____
- ☐ Transfer From Br.# _____
- ☐ Cancellation of Membership
- ☐ Applies to Hospital Plan:

Date: ____/____/____

No: _____ Age: _____

☐ Deceased

Died on: ____/____/____

Date: ____/____/____

No. Street
Address:

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City ST Zip Code

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E-mail Address: _____

Area Code Number
Telephone:

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 Application Sponsor Name _____

Are you a baptized Roman Catholic? ☐ YES ☐ NO

What parish do you belong to? _____
Name of Church

If not Catholic, is your spouse a baptized Roman Catholic and a member
the I.C.F.? ☐ YES ☐ NO

Signature of Applicant/Member

Signature of Spouse

Secretary

MAKE CHECK OUT TO ICF #352 Mail to Margie Favro New Member Chair 2614 Roundhill Dr. Alamo CA 94507

or call 650.759.1740

Annual Membership Dues are \$50 dollars.

If you join between Jan 1- June 30 cost is \$50. Prorated cost between July1 - Dec. 31 is \$25