

**ITALIAN AMERICAN CLUB
5930 KENNEDY AVENUE, EXPORT, PA 15632**

APPLICATION FOR MEMBERSHIP

DATE: _____
NAME: _____
DATE OF BIRTH: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
OCCUPATION: _____
DRIVERS LICENSE NUMBER: _____

By Signing you will abide by all By-Laws, Rules and Regulations of the Club.
Each Year Dues Must be Paid by December 31st.

APPLICANTS SIGNATURE: _____

The Proposer is responsible for the new member for One Year from date of acceptance.

PAID MEMBERSHIP INITIATION FEE \$50.00: YES ___ NO ___

PAID MEMBERSHIP FEE \$40.00: YES ___ NO ___

RECEIPT ATTACHED: YES ___ NO ___

PROPOSED BY MEMBER: _____

MEMBER NUMBER: _____

MEMBER SIGNATURE: _____

DATE APPROVED: _____

MEMBER NUMBER: _____

SECRETARY SIGNATURE: _____