



MEMBERSHIP APPLICATION Revised 1/30/2024

Date ___/___/___

We hereby propose _____

Print Name

For membership in Americans of Italian Heritage Inc. subject to the by-laws. Application must be recommended and signed by a member in good standing.

Applicant sponsored by _____ Signature _____

Print name

Applicants Phone _____ E-Mail _____

Home / Cell

Personal / Business

Home Address _____ City/Zip _____

Birthdate (MM/DD/YYYY) ___/___/___ If married, Spouse name _____ Maiden name _____

Are you a son or son-in-law of an existing member? YES / NO. If yes, member's name _____

Italian Descent/Ancestral Information

Mother's maiden name _____

Family region/province/town in Italy? _____

Where did the Family first settle in the USA? _____ Cleveland, Ohio area? _____

City/State

City

Occupation _____ Employer _____

Employer Address _____ City/Zip _____ Phone _____

Annual dues \$120 to be prorated according to your membership inception date. Jul-Dec \$120, Jan-Jun \$60, Dues to be paid when officially sworn in. We operate on a fiscal year starting on July 1 and ending on June 30. Amount paid \$_____.

Signature of applicant _____ I hereby agree to abide by the oath and by-laws of Americans of Italian Heritage Inc. currently enforced or amended. The foregoing statements on this form are true to the best of my knowledge. Date sworn in ___/___/___

Applicant approved by _____ . **Applicant approved by** _____ . **Official date** _____ .

Website address: AIHClub.com

Mailing address: P.O. Box 732, Mentor, OH 44061-0732