



Sicilian Cultural Association Of St. Louis

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Spouse's Name: _____
Month Day Year

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Business Phone: _____

E-Mail Address: _____

Profession/Occupation _____

Place of Birth _____

Provide Basis of Sicilian Descent _____

Applicant's Signature: _____

Sponsor #1 _____

Sponsor #2 _____

DUES ARE \$30.00 A YEAR – AMOUNT ENCLOSED \$ _____ (PRORATED BY QUARTER) FULL
DUES ARE PAYABLE JULY 1 OF EVERY YEAR.

If joining:
July to Sept. 30th - \$30.00
Oct. 1 to Dec. 31st - \$22.00
Jan 1st to March 31st - \$15.00
April 1st – June 30th - \$7.50

SCA – Form MA-1 Rev 3.(03/18)

For Office Use Only

Date Approved by Board _____

Date Approved by Membership _____

Dues Paid by: Cash
 Check _____
(Check Number)