



ITALIAN AMERICAN WOMEN'S GUILD (IAWG)
MAIL COMPLETED APPLICATION
 Joycelyn Firenzi-Pine (Membership Chairperson)
 355 Hillsborough Blvd. Hillsborough, CA 94010

MEMBERSHIP APPLICATION

QUALIFICATIONS: APPLICANTS SHALL BE FEMALE AND OF ITALIAN HERITAGE BY BIRTH OR MARRIAGE

Name: (Please Print)
 Ms. Mrs. (Circle one)

First	Middle	Last
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Date of Birth: _____ Maiden Name: _____ Marital Status: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone # _____ Cell Phone # _____

Email Address: _____

EMPLOYMENT INFORMATION

Occupation: _____ Retired: _____

EMERGENCY CONTACT
(Please Print)

Spouse Name or Emergency Contact _____ Phone _____

HOW ARE YOU A MEMBER OF THE ITALIAN COMMUNITY?

BIRTH _____ MARRIAGE _____

DO YOU HAVE ANY INTEREST IN BECOMING AN OFFICER, A COMMITTEE CHAIR OR SERVING ON A COMMITTEE?

YES _____ NO _____

SPECIAL INTERESTS
(Please Print)

I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE "ITALIAN AMERICAN WOMEN'S GUILD." (IAWG)

Applicant's Signature _____ Date _____

Print Name _____

Sponsor's Signature _____ Date _____

Print Name _____

THIS SECTION TO BE COMPLETED BY MEMBERSHIP CHAIRPERSON

PRESIDENT: _____ Date _____

MEMBERSHIP CHAIRPERSON: _____ Date _____