ITALIAN AMERICAN WOMEN'S GUILD (IAWG)

MAIL COMPLETED APPLICATION

Joycelyn Firenzi-Pine (Membership Chairperson)

275 Uplands Avenue, 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		
Date of Birth: (MO/DA/YEAR)	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

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