



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
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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