

Italians of America Membership Application

Application Date:// 20) Sponsors:		
Applicant Name:			
Street Address:		City:	Zip:
Cell #: Home	# :	Preferred cont	tact (circle): Cell / Home
Email Address:	Occupatio	on:	
Birthday:	Anniversa	_ Anniversary:	
Italian Descent: Yes / No NOTE: IOA	Welcomes all cultures ar	nd heritages	
Reason for Joining:			
How did you hear about the Italians of Ame	rica?		
Club Shirt Size (Circle): Women's S N	1 L XL XXL XXXL	Men's S M	L XL XXL XXXL
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Co-Applicant Name:			
Cell #: Home #	# :	Preferred cont	tact (circle): Cell / Home
Email Address: Occ		on:	
Birthday:	Anniversa	ry:	
Italian Descent: Yes / No NOTE: IOA	Welcomes all cultures ar	nd heritages	
Reason for Joining:			
How did you hear about the Italians of Ame	rica?		
Club Shirt Size (Circle): Women's S N	1 L XL XXL XXXL	Men's S M	L XL XXL XXXL
	THANK YOU!		
Internal Use Only:			
Application Received by:	Re	eceived Date:	// 20
Applicant Dues Paid: \$	Date:/	/ 20 Check o	or cash (circle one)
Co-Applicant Dues Paid: \$	_ Date:/	/ 20 Check o	or cash (circle one)
Date Voted:	Approved Y or N (circle	e one)	
Added to Membership List:	/ 20 Misc. No	ote:	