



**Warren Italian-American Festival
Committee, Inc.**
141 East Market Street
Warren, Ohio 44481

Application for Membership

Application date _____

Last name	First name	Middle initial

Street	City	State Zip

Phone _____	Cell _____	DOB: Month _____ Day _____ Year _____

Email _____	Spouse _____	

Do you want your phone number listed on the membership roster? Yes _____ No _____
 Do you want your email address listed on the membership roster? Yes _____ No _____
 In the event we need to contact everyone ASAP, how do you want to be contacted: Text _____ Phone call _____

Qualifications: **Regular** membership to the Warren Italian-American Festival Committee, Inc. is open to anyone at least 18 years of age who is of full or partial Italian descent, as well as spouses, parents, children (both natural and adopted) of eligible members. **Associate** membership to the Warren Italian-American Festival Committee, Inc. is open to anyone at least 18 years of age.

I hereby declare that I meet the qualifications for: Regular membership _____ Associate membership _____

I do hereby promise to be an active participant in the efforts of this organization and to uphold its principles, By-laws and Articles of Incorporation.

I understand that membership is subject to being favorably passed by the majority of the Membership Committee and receiving a majority of affirmative vote of the general membership.

Name of Sponsor

Signature of Applicant

Dues: Annual dues are \$10.00 per year. New member's dues are prorated on a per month basis and paid at the time of acceptance into the Warren Italian-American Festival Committee, Inc.

See other side of this application for list of committees.

_____ Date of acceptance by Membership Committee

_____ Date of acceptance by General Membership

Membership Chairperson

Committee member

Committee member

Committee member