

Membership Request:

Name: _____ Nickname: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Email: _____

Month/day or you birth: _____ Place of Birth: _____

Maiden Name of your Italian Family: _____

Ancestral Province / County if Italian: _____

Foreign Language(s) You Speak: _____

Foreign Language(s) You are Learning: _____

Countries You've Traveled: _____

Spouse/Partner:

Name: _____ Nickname: _____

First name (and/or spouse Italian maiden name): _____

Ancestral Province / Country: _____

Foreign Language(s) they Speak: _____

Foreign Language(s) they are Learning: _____

Countries they've Traveled: _____

Information for the IBC:

How did you learn about the IBC? _____

Reasons for joining the IBC: _____

How would you like to be involved? _____

IBC Photo:

Please provide a head photo for the IBC Roster when returning this application.

Signature and Date: _____

Membership application online at www.ibcpdx.org

Yearly dues are \$65 single, \$90 couples **Please don't send payment until notified.**

Email **Membership Application** request to IBC Secretary micenhower@coverys.com **OR**
mail to: **Italian Benvenuti Club**, 4110 SE Hawthorne Blvd #658 Portland, OR 97214