

Italian Cultural Center of Western Massachusetts, Inc.



Membership Application

_		
17000	Friend:	
Dear	rnena:	

•	embership application form for the Ita g with the required dues, will validat				
Please select a r	membership category.				
Senior (62 & ov Individual Family (1 or 2 a Patron Friend Benefactor	ver) adults with children under 18)		\$ 30.00 \$ 40.00 \$ 70.00 \$100.00 \$150.00 \$250.00 or more		
Please complete	this form and submit it and the corr	esponding dues	amount to:		
	of Western Mas 56 Mar	tural Center ssachusetts, Inc. garet St MA 01105			
Name:			Date of birth:		
Address:					
		Cell Phone:			
	stered as a Family, please list the nat f 18 and their dates of birth so they ca				
Spouse/Partner:		Date of	_ Date of birth:		
Child:					
Child:		Date of	of birth:		
Child:		Date of birth:			
Refer a friend Name:			_		
Address:					