



*Italian Cultural Center
of
Western Massachusetts, Inc.*

Membership Application

Dear New Friend:

Here is your membership application form for the Italian Cultural Center of Western Massachusetts, Inc. The completion of this form, along with the payment of dues, will validate your membership for 2021.

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email Address: _____

Please select a membership category:

Student (18 years of age & under)	_____	\$ 15.00
Senior (62 years of age & over)	_____	\$ 30.00
Individual	_____	\$ 40.00
Family (1 or 2 adults with children under 18)	_____	\$ 70.00
Patron	_____	\$100.00
Friend	_____	\$150.00
Benefactor	_____	\$250.00 or more

If you have registered as a Family, please list the name of your spouse/partner and the names of children under the age of 18 and their dates of birth so they can be included with your membership.

Spouse/Partner: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Child: _____ Date of Birth: _____

Refer a Friend

Name: _____

Address: _____

Please complete this form and submit it along with the selected membership dues to:

*Italian Cultural Center of Western Massachusetts, Inc. (ICC)
56 Margaret St
Springfield MA 01105*