

Marchegiana Society of Chicago Heights  
P. O. Box 1037  
Chicago Heights, IL 60411  
Founded March 16, 1907

Categories:  
\_\_\_\_\_ Regular  
\_\_\_\_\_ Special  
\_\_\_\_\_ Junior

### APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Street City Zip

Telephone: Home Business Cell

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City State

Occupation: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Single \_\_\_\_\_ (Includes Divorced, Separated or Widowed)

Parents: Father: \_\_\_\_\_

Mother: \_\_\_\_\_ Surname: \_\_\_\_\_

#### \*\*\*\*\*REGULAR MEMBERS ONLY-PLEASE COMPLETE BELOW\*\*\*\*\*

I hereby apply for membership in your society and if I am accepted, I promise to obey and respect all the rulings of your society. I authorize, in the event of my death, that all benefits I may be entitled to from the Marchegiana Society of Chicago Heights be paid to:

Full Name of Beneficiary: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

There will be no change of beneficiary unless it is made in writing and signed by the member. If the beneficiary is deceased at the time of the member's death, all benefits will be paid to that member's immediate family.

Applicant's Signature \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

Revised: March 2005