

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