



Membership Application

Date _____

We hereby propose the name _____ for membership in the Americans of Italian Heritage, Inc. subject to the requirements of the bylaws. This application must be signed by a recommending member and seconded.

Sponsored by _____ Signature _____

Seconded by _____ Signature _____

Please print clearly: Name _____ Telephone# _____

Address _____ City/ Zip _____

Cell Phone# _____ Birth Date (MM/DD/YYYY) _____

E-Mail Address _____

If married spouses name _____ #of Children _____ # of grandchildren _____

Mother's Maiden Name _____

Are you the son of an existing member? Yes/No If yes, member's name _____

Do you speak Italian? Yes/No Do read & write Italian? Yes/No _____

Ancestral region/providence/town of Italy _____

Where did they first settle in the USA? _____

Where did they first settle in the Cleveland area? _____

Occupation _____ Employer _____

Work Address/City/Zip _____

Telephone _____ Work E-Mail _____

Your Interests in participating in club events :

()Entertainment, ()Membership, ()NFL/AFL Championship Party, ()Italian Night, ()Golf Outing, ()OSU/Michigan, ()Bocce.

Annual Dues \$120. prorated per month based on a fiscal year beginning July 1st ending June 30th. Annual Dues payment must be received 30 days after induction.

Signature _____ I here by agree to abide by the bylaws and oath of the Americans of Italian Heritage Inc currently enforced or amended. The foregoing statements on this form are true to the best of my knowledge.