



**MEMBERSHIP APPLICATION** Revised 6/30/2021

Date \_\_\_\_\_

We hereby propose the name \_\_\_\_\_  
Print Name.

For membership in Americans of Italian Heritage Inc. subject to the by-laws. Application must be recommended and signed by a member in good standing.

Applicant sponsored by: \_\_\_\_\_ Signature \_\_\_\_\_  
Print name.

Applicant sponsored by: \_\_\_\_\_ Signature \_\_\_\_\_  
Print name.

Applicants Name: \_\_\_\_\_ Telephone# \_\_\_\_\_  
Print name. Home/Cell

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Month/Year of Birth (MM/YYYY) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

If married spouse name \_\_\_\_\_ Spouse Maiden Name \_\_\_\_\_

Are you a sons-n-law of an Italian descent member? YES/NO. If yes, member's name \_\_\_\_\_

Are you a son of an existing member? YES/NO. If yes, member's name \_\_\_\_\_

**Italian Descent/Ancestral Information:** Mother's maiden name \_\_\_\_\_

Family region/providence/town in Italy? \_\_\_\_\_

Where the Family first settled in the USA? \_\_\_\_\_ & in the Cleveland, Ohio area? \_\_\_\_\_  
City/State City

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Annual dues \$120 to be prorated according to your membership inception date. Jul-Sep \$120, Oct-Dec \$90, Jan-Mar \$ \$60, Apr-Jun \$30.  
Due to be paid within 30 days of inception date. We operate on a fiscal year starting on July 1 and ending on June 30.

**Signature of applicant** \_\_\_\_\_ I hereby agree to abide by the by-laws and oath of Americans of Italian Heritage Inc. currently enforced or amended. The foregoing statements on this form are true to the best of my knowledge.