



Membership Application

Questions: email membership@italianamericanclubofvenice.com or call 941-486-1492

Mail completed applications to:
The Italian American Club of Venice FL
 P.O Box 1986, Venice, FL 34284-1986

NOTE: please do not send cash or check until notified

Our Mission Statement: The objectives of the Club shall be to develop fellowship through social and cultural activities among its members, further the aims, objectives and interests of Italian-Americans, foster and encourage knowledge of the language, art, culture and history of Italy, and to foster an understanding of that cultural heritage in our country. We also participate in charitable endeavors.

ONE application PER PERSON please

Applicant: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Club newsletter requires email address.

Email: _____ Occupation: _____

Maiden Name (if applicable): _____ Spouse: _____

Address: _____ Anniversary: _____

City: _____ St: _____ Zip: _____ **Sponsor:** _____

Opt-in Yes No Opt-in allows birthday, anniversary, contact info to be listed in newsletters and directories

In Florida F/T P/T For Part-time, list months in Florida: _____

Armed Services Yes No Branch: _____ Years served: _____

Do you have Italian Heritage?

REGULAR membership with Italian descent otherwise SOCIAL

Applicant Yes No Birthplace: _____

Italian Maiden Name (if applicable) _____

Father Yes No Birthplace: _____

Mother Yes No Birthplace: _____

Italian Maiden Name _____

All applicants signing this membership application are bound by the by-laws and rules of the Italian American Club of Venice, Inc.	<p>One membership application per person. Non-refundable Initiation Fee is \$50.00. Annual Dues of \$50.00, prorated by quarter, are non-refundable. Do not send cash or check until notified. Application to be reviewed by the membership committee. Upon acceptance you will be asked to attend an executive board meeting for an informal interview. When your application has been approved, the applicant will be sworn in at the next General Meeting. Thank you for your interest in the Italian American Club of Venice, Inc. Benvenuti!</p>
Acceptance Date: _____ Board interview: _____ Sworn in: _____ Membership Chair: _____	Applicant Signature: _____ Date: _____

Below is for internal use only

- | | | |
|---|--|--|
| <input type="checkbox"/> Obtained Part-time schedule
<input type="checkbox"/> Export Membership Vcard
<input type="checkbox"/> Add vcard to photo directory
<input type="checkbox"/> Excel: Add to board spreadsheet | <input type="checkbox"/> Email: Add to President contact list
<input type="checkbox"/> Email: Add to Membership contact list
<input type="checkbox"/> Email: Add to Communications contact list
<input type="checkbox"/> Excel: Add to New member spreadsheet | <input type="checkbox"/> Email: Add to President distro
<input type="checkbox"/> Email: Add to Membership distro
<input type="checkbox"/> Email: Add to Communications distro
<input type="checkbox"/> Excel: Add to opt-in spreadsheet |
|---|--|--|