

THE ITALIAN CLUB CLUB ON COLUMN AND

Date of Application: \_\_\_\_\_

## Italian Club Membership Application (Please Print)

## **GENERAL MEMBERSHIP CATEGORIES**

Check membership category applicable to enrollment, please make checks payable to "The Italian Club Of Tampa" – please note dues are nonrefundable:

\_\_ Individual \$150

\*(with dependent children living in household)

## CONTRIBUTORY/BUSINESS MEMBERSHIP CATEGORIES

Check membership category applicable, please make checks payable to "The Italian Club Building & Cultural Trust Fund, Inc." – please note "Contributory/Business Memberships" are tax deductible, but nonrefundable:

\_\_\_\_ Patrons \$200

\_\_\_\_\_ Benefactor \$300

\_\_\_\_\_ DaVinci \$500

Primary Card Membe	er's Name:					
,	(First	Middle Ini	tial, Last, Suffix)			
Business Name (for C	Contributory Mem	berships):				
Mailing Address:	,	1 /				
City:	State:	_ Zip: _	Email:			
Gende			Date Of Birth:	//		
Home Phone;			Cell Phone:			
Business Phone:			Fax Number:			
**for family membership	os, please list the name	of the spouse a	und dependent children living i	in the household**		
Spouse Name:			Gender:	DOB:	/	/
Child:			Gender:	DOB:	/	/
Child:			Gender:		/	/
Child:			Gender:		/	
Employer /Occupatio	on/School:				_	

## Please List A Member In Good Standing To Sponsor Your Application:

if you do not have a sponsor you may leave this line blank and a membership committee member will be your sponsor.

I would like to assist the Club by serving on the following committees:

Building	Food Prep	Insurance	Membership
Social	Cemetery	Fundraising	Krewe Of Italia
New Year's Eve	Website	Cultural	Governance
Ladies Auxiliary	Newsletter	Volunteer	Festa Italiana
Grants	Maintenance	Photography	Other (see below)

If you have an area of expertise that would benefit our club, please let us know!