



Italian American Club of Jacksonville
PO Box 600725
Jacksonville, FL 32260



MEMBERSHIP APPLICATION

Our Mission Statement – *The Italian American Club is dedicated to supporting American traditions in our community while maintaining our Italian heritage.*

Annual Dues: \$60.00 per member per year. The membership year is July 1 through June 30. Members must be eighteen (18) years of age or older. *For a returning member there is a \$15.00 administration fee.*

(If membership is more than one, please complete another application)

Date _____ Date of Birth: (month & day) _____
 Name: _____ Anniversary: _____
 Address: _____ Sponsor's Name: _____
 City: _____ State: _____ Zip: _____ Applicant's Signature: _____
 Phone: _____ (Cell) _____ Email Address _____ *If filling out electronically, just type name*

Please indicate a preferred email address if there are two members with the same household address.

Email _____ *(Monthly newsletter will be sent via email. Your email will not be shared.)*

Italian Heritage	Italian Family Background: <i>None</i> <i>By Marriage</i> <i>Parent/Grandparent</i> <i>Born or Raised in Italy</i>
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Areas of Italy you identify with: _____

Please indicate your chooses to volunteer as we ENCOURAGE you to support the club

- | | | |
|----------------------|------------------------|-------------------------|
| Building Maintenance | Kitchen | Web Page |
| Landscaping | <i>Cooking</i> | Newsletter |
| Setup/Take Down | <i>Cleaning</i> | Social Event |
| Decorations | Spaghetti to go | Charing a Committee |
| Photographer | <i>Cooking</i> | Serving on a Committee |
| Other _____ | <i>Servers</i> | Programs |
| _____ | <i>Runners</i> | <i>General Meetings</i> |
| | | <i>Entertainment</i> |

We thank you for selecting oportunities to Volunteer. We will follow up and get in touch with you.

Membership application will be reviewed by the board of directors. You may be asked to attend a meeting for an informal interview for a final approval.

We have a few questions on the back on this application and we would appreciate that you would response to.

Make check payable to : Italian American Club PO. Box 600725 Jacksonville, FI 32223

We will not deposit your check till we approve your application. If not approved, we will return your check.

The Club is located at 2838 Westberry Road Jacksonville, FL 32223

Web page: www.iacofjacksonville.com Email address: rsvp@iacofjacksonville.com



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Tell us about yourself _____

Do you belong to any other Social Clubs? _____

Have you been a member of other Italian Clubs? _____

What were they like? _____

What do you envision the activities/events of the IAC to be like, what are your expectations?

Are you able to volunteer (any limitations or restrictions)? _____

RETURNING MEMBER

What were your reasons for terminating your membership previously?

Why are you interested in rejoining? _____

What are your expectation of the Club activities and events? _____

Are you able to volunteer (any limitations or restrictions)? _____
