



# Membership Application

Questions: email [membership@italianamericanclubofvenice.com](mailto: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:** \_\_\_\_\_

Armed Services Yes  No

In Florida F/T  P/T

If Part-time, list months in Florida: \_\_\_\_\_

### 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.	<b>One membership application per person.</b> Initiation Fee is <b>\$50.00</b> . Annual Dues are <b>\$50.00</b> for 1 year or otherwise prorated by quarter. <b>Do not send cash/check until notified.</b> 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!
Acceptance Date: _____ Board interview: _____ Sworn in: _____ Membership Chair: _____	Applicant Signature: _____ Date: _____

**Below is for internal use only**

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