



Membership Application

The Italian American Club of Venice, Inc.

P.O. Box 1986
 Venice, FL 34284-1986
 941 486-1492

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. Also participate in charitable endeavors.

Applicant: _____ Home Phone: _____

Birth Date: _____ Work Phone: _____

Spouse: _____ Cell Phone: _____

Club newsletter requires email address.

Birth Date: _____ Email: _____

Maiden Name: _____ Occupation: _____

Address: _____ Anniversary: _____

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

Please select your choice of support below

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Executive Board | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Membership Chair | <input type="checkbox"/> Decorations |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Novita' | <input type="checkbox"/> Food Server | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Building Maint | <input type="checkbox"/> Social Events | <input type="checkbox"/> Parliamentarian | <input type="checkbox"/> Feast |

Italian Heritage

Applicant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Birthplace: _____
Spouse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Birthplace: _____
			Italian Maiden Name _____
Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Birthplace: _____
Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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.

Acceptance Date: _____

Membership Chairperson: _____

Initiation Fee is **50.00** and Annual Dues are **50.00** per applicant. One application per person. Membership application will be reviewed by the membership committee. On acceptance you will be asked to attend an executive board meeting for an informal interview. When your application has been approved, applicant will be sworn in at the next general meeting. Thank you for your interest in the Italian American Club of Venice, Inc. Benvenuti!

Applicant Signature: _____ Date: _____