



Membership Application

The Italian American Club of Venice FI

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

- Executive Board Public Relations Membership Chair Decorations
- Entertainment Kitchen Scholarship Cultural
- Bar Novita' Food Server Parade
- Building Maint Social Events Parliamentarian Feast

Italian Heritage

Applicant Yes No Birthplace: _____

Spouse Yes No Birthplace: _____

Italian Maiden Name _____

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.

Acceptance Date: _____
Membership Chairperson: _____

Initiation Fee is **50.00** and Annual Dues are **50.00** per applicant, **payable upon swearing in**. 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: _____