

Italian American Civic League of Fort Lauderdale FL

New Membership Application

Name: _____ Age _____

Address: _____

City: _____ State _____ Zip _____

Are you a Citizen of U.S.A? _____

Heritage (Italian or Italian Descent) Married to Italian _____

Place and Date of Birth _____

Occupation _____ Full or Part Time Resident _____

Secondary Address _____

City: _____ State _____ Zip _____

Telephone _____ Cell Phone: _____

E-Mail _____

Recommended by: _____

I hereby make an application for membership and declare that the above statements are correct and that I will abide by all rules and by-laws of said club.

Signature of Applicant _____

Approved by Board: _____ Date _____

Amount Dues Paid: _____ Financial Secretary: _____

E-Mail Any Correspondence To: italianamericancivicleague2310@gmail.com

E-Mail Application to the President: domcapurso@comcast.net

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