

Participation: Please indicate which Italian Club Ladies Auxiliary Committees you have an interest in:
(Circle Your Choices)

- | | | |
|------------|---------------|------------------|
| Education | Community | Social Functions |
| Membership | Communication | Cultural Events |
| Food | Fashion Show | Publicity |



**Ladies Auxiliary
Of**



**Application
Form**

FEEES: \$65.00 (\$15.00 for The Italian Club Ladies Auxiliary plus \$50.00 annual dues to The Italian Club of Tampa) I enclose two separate checks, one in the amount of \$15.00, made out to The Italian Club Ladies Auxiliary and one in the amount of \$50.00, made out to The Italian Club of Tampa.

Note: Dues shall cover the following year for applications received after September of the present year.

It is understood that this application shall not be binding upon The Italian Club Ladies Auxiliary, Inc., until written notice of acceptance has been received. If not accepted, a full refund of fees submitted will be made.

Respectfully submitted, _____
(Print Name)

(Signature of Applicant) Date _____



The mission of the Ladies Auxiliary and L'Unione Italiana is to preserve and honor the culture, traditions, and heritage of the Italian community and to maintain the historical facility as a functioning memorial to the working class immigrants.

SPONSORS: We, the undersigned members, do hereby sponsor the above applicant.

(Member) _____
(Member) _____

OFFICE USE:
Date presented to Membership Committee _____
Date accepted: _____

!ciao!

- Barbara Denti Pool—President**
- Dorothy M. Smay—Vice President**
- Carol Fedele—Secretary**
- Roseann Ligori—Corresponding Secretary**
- Rose L. Barbie—Treasurer**
- Rosalie Castellana Perrone—Parliamentarian**

I do hereby make application for membership in the Italian Club Ladies Auxiliary, Inc., of The Italian Club of Tampa, Inc., for membership, and herewith enclose the fees as stated on the back of the application form, subject to the By-Laws and Rules of said Club, in support of which I offer the following information:

(PLEASE PRINT)

NAME IN FULL:		
RESIDENCE ADDRESS :	ADDRESS(2) :	
CITY:	STATE:	ZIP:
RESIDENCE TELEPHONE: ()	FAX:()	CELL:()
PLACE & DATE OF BIRTH:		(mm/dd/yy)

PROFESSION OR BUSINESS:	POSITION OR TITLE:
NAME OF FIRM:	PHONE:
BUSINESS ADDRESS :	ADDRESS(2) :

CITY:	STATE:	ZIP:
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