I do hereby make application for membership in the Italian Club Ladies Auxiliary, Inc. and herewith enclose the fees as stated on the outside of this Application.

Please print or type following information:

Name:_____
First Middle or Maiden Last

Residence Address: _____
Street

_____
City, State, Zip

Residence Telephone No. _____( ) Cell Phone No. _____( )

Work No. _____ ( ) FAX if available: _____

Email address(s): _____

If we need to contact you, please indicate with a check mark at ( ) above, the phone number you prefer that we use.

In order for us to learn a little more about you, please indicate your Occupation, Business, and whether you are Retired or not employed outside the home (and therefore available for activities during the daytime).

Profession(s):_____

_____Still Working?_____ Retired? _____

Name & Location of Firm/Business for which you presently work. _____

_____

Do you have children or grandchildren under 18 years of age? Please list their ages ___

_____

Do have any favorite hobbies or interests that you would like to share with us? _____

_____

_____

Thank you for taking the time to complete this Application for Membership in The Italian Club Ladies Auxiliary!!

Rev. 11-04-2010