



ITALIAN AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA

MAILING ADDRESS: P. O. BOX 574111 – ORLANDO, FL 32857-4111

LOCATION: 5900 HIBISCUS RD. ORLANDO, FL

PHONE 407-273-2830

MEMBERSHIP APPLICATION

REGULAR **SOCIAL** **FIRST YEAR OF MEMBERSHIP** _____

NAME _____

ADDRESS _____
NUMBER STREET CITY ZIP

E-MAIL ADDRESS _____

HOME PHONE _____ **CELL PHONE** _____

BUSINESS PHONE _____

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

SPOUSE'S NAME _____ **MAIDEN NAME** _____

SPOUSE'S DATE OF BIRTH _____ **WEDDING ANNIVERSARY** _____

MOTHER'S MAIDEN NAME _____

IF NOT ITALIAN, HOW DO YOU QUALIFY FOR MEMBERSHIP : _____

OCCUPATION _____ **EMPLOYER** _____

ADDRESS _____

HOBBIES _____

NAMES OF FRATERNAL, CIVIC, SOCIAL, AND RELIGIOUS CLUBS YOU ARE CURRENTLY A MEMBER OF OR HAVE BELONGED TO: _____

OFFICES HELD IN THESE CLUBS/ORGANIZATIONS (PLEASE INDICATE WHICH)

**I WILL ABIDE BY THE ARTICLES AND BY-LAWS OF THE ITALIAN AMERICAN SOCIAL CLUB
OF CENTRAL FLORIDA, SHOULD I BE ELECTED AS MEMBER OF THE ORGANIZATION.**

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICANT'S SIGNATURE _____ **DATE** _____

SPONSOR'S SIGNATURE _____ **DATE** _____

DATE APPROVED BY THE BOARD/GENERAL MEMBERSHIP _____

INITIAL DUES PAID \$ _____ **(FULL YEAR - PRORATED AFTER JANUARY)**

TOTAL RECEIVED \$ _____ **BY** _____

**GENERAL MEMBERSHIP MEETINGS ARE HELD THE SECOND WEDNESDAY OF EACH MONTH
STARTING AT 7:30 P.M.**