

ITALIAN AMERICAN CULTURAL ORGANIZATION
APPLICATION FOR MEMBERSHIP - PLEASE PRINT CLEARLY

New

Renewal

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

CIRCLE DUES PAYMENT:

Individual: \$30

Family: \$45

Student: \$20

Business/Professional: \$105

Life (Individual): \$500

Life (Family): \$750