

QUAD CITY SOCIETY OF ITALIAN-AMERICANS

APPLICANT INFORMATION

First name:		Last name:	
Date of birth:	Place of birth:	Phone:	
Current address:			
City:	State:	ZIP Code:	
E-mail:			

EMPLOYMENT INFORMATION

Current employer:			
Position:			

MEMBERSHIP SPONSOR

Name:			
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SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:	Place of Birth:	Anniversary:	
Date of birth:			
E-mail:			

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name		
Name		

PAYMENT

SIGNATURE

<p>Make check payable to Society of Italian-Americans, Inc. Forward membership application and check to Secretary Joe Alongi 4123 24th Ave Moline, IL 61265</p>	<p>Application Membership (check one) Single Membership (\$20) _____ Family Membership (\$30) _____ (Pro-rate dues available per quarter)</p>
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