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:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

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

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	
Name	

PAYMENT

SIGNATURE

_____

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