



ITALIAN CULTURAL SOCIETY
*14230 - 133 Avenue*Edmonton, AB T5L 4W4*
(780) 453-6182

MEMBERSHIP APPLICATION

FULL NAME _____
RESIDENCE ADDRESS _____
CITY AND PROVINCE _____ POSTAL CODE _____
TELEPHONE NUMBER () _____
EMAIL: _____
PLACE OF BIRTH _____ DATE OF BIRTH _____

(PLACE AN X) MARRIED _____ SINGLE _____
WIFE'S OR HUSBAND'S FIRST AND LAST NAME (IF APPLICABLE) _____
PLACE OF BIRTH _____ DATE OF BIRTH _____

NUMBER OF CHILDREN (IF APPLICABLE) _____

<u>FIRST AND LAST NAME</u>	<u>PLACE OF BIRTH</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF MEMBERSHIP APPLIED FOR (PLACE AN X)
REGULAR _____ FAMILY FOUNDER _____ FOUNDER _____

REASON FOR WANTING TO BECOME A MEMBER:

HOBBIES:

I, THE UNDERSIGNED, AS A CONDITION OF BEING AWARDED A MEMBERSHIP AND SUBSEQUENTLY MAINTAINING MEMBERSHIP IN GOOD STANDING, AGREE TO ABIDE TO THE CONSTITUTION AND BYLAWS OF THE **ITALIAN CULTURAL SOCIETY** AND SO HONOUR ALL RIGHTS AND OBLIGATIONS CONTAINED THEREIN.

DATE OF APPLICATION _____ SIGNATURE OF APPLICANT _____

DATE OF ACCEPTANCE _____
SIGNATURE FOR THE ITALIAN CULTURAL SOCIETY _____