ITALIAN AMERICAN ASSOCIATION OF LOUISVILLE

Membership Application Form

January _____ through December _____

☐ **New Membership** DATE joining club _____

☐ **Renewal Membership**

☐ **Lifetime Membership** Recruited by _____

Last Name	First Name	Middle Initial/Name

Address	City	State	Zip

Home Phone #	Cell Phone #	Occupation
Work Phone #	Fax Phone #	E-mail Address
Birthplace and Origin of Heritage		Birth Date

SPOUSE INFORMATION: (Fill out if spouse is also joining the club at this time.)

Last Name	First Name	Maiden Name
Work Phone #	Fax Phone #	E-mail Address
Birthplace and Origin of Heritage	Occupation	Birth Date

TYPE OF MEMBERSHIP: All membership dues are renewable on January 1 of each year.

☐ ADULT	$15 per year per person
☐ YOUTH	Free—children up to age 17 with parent membership
☐ LIFETIME	$125 one-time payment per person

PLEASE LIST THE <u>NAMES AND BIRTHDAYS</u> OF ALL YOUTH MEMBERSHIPS

_____ _____

_____ _____

AMOUNT ENCLOSED: $ _____ May we include your membership information in the IAA directory? ☐ Yes ☐ No

Please return completed form and dues to: Make checks payable to the **ITALIAN AMERICAN ASSOCIATION**

Phil Castagno
802 Edenwood Circle
Louisville, KY 40243

Revised 7/9/16