



MEMBERSHIP FORM

Please Print

Name: _____ Date Of Birth: _____

Mailing Address: _____

Email Address: _____ Cell Phone: _____

Home Phone: _____ Occupation: _____

Committees:

Please Check 1 Or More Committees That You Can Contribute Time/Talent

Awards/Donations:

Bylaws:

Cultural Events:

Entertainment/Fund Raising:

Membership:

PR/Social Media:

Italian Heritage:

Mother's Italian Lineage Name: _____ Region Of Italy: _____

Father's Italian Lineage Name: _____ Region Of Italy: _____

Annual Donation Per Year:

Individual: \$35. Senior (65 Or Older): \$25. Veteran: \$20. Student: \$20.

Family: \$60 (Family Names): _____

Signature: _____

Date: _____

Please Send To: Laurie Morris, Membership Chair, 49 Lafayette Ave., Kingston, NY 12401

Please circle Free T-Shirt size Youth L Small Medium Large X-Large 2X-Large