



MEMBERSHIP FORM

Please Print:

Name _____ Date of Birth _____

Mailing Address _____

Email address _____ Cell Phone _____

Home Phone _____ Occupation _____

Please check One or More Committees or Projects to contribute time / talent:

Dinner Committee Community Care Cultural Events

Sponsorship Membership Calendar

PR/Social Media Festival Highway Cleanup

Other _____

Italian Heritage:

Mother's Italian Lineage Name _____ Region of Italy _____

Father's Italian Lineage Name _____ Region of Italy _____

Annual Donation per year January – December (First year membership is prorated monthly for example: A family joining in January would pay \$60, joining in July would pay \$30)

Individual \$35 Senior (65 of Older) \$25 Veteran \$20 Student \$20

Family \$60 (Family Names) _____

Upon acceptance of your completed application, we will send you an invoice for the correct amount. Please wait to pay from our invoice.

Signature _____ Date _____

Please email form UCIAFMembership@gmail.com
or mail to **Membership at P.O. Box 4427 Kingston, NY 12401**
or join online at ucitalianamericanfoundation.org/membership