



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:

MOTHERS ITALIAN LINEAGE NAME: _____ REGION OF ITALY: _____

FATHERS 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 CHECK PAYABLE TO: UCIAF, P.O. BOX 4427, KINGSTON, NY, 12402

OR PLEASE GO ON WWW.UCIAF.ORG AND CLICK JOIN NOW

04/21