

# MEMBERSHIP APPLICATION

## THE ITALIAN CENTER (CASA ITALIANA)

1195 Route 376 Wappingers Falls, NY 12590 US +1.845.454.1492

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Spouse's Name (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Spouse's Maiden Name (If Applicable): \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If not, will you pursue citizenship? \_\_\_\_\_

Were you ever a Member of the Italian Center? \_\_\_\_\_ If so, when? \_\_\_\_\_

I would like to be considered for membership because: \_\_\_\_\_  
\_\_\_\_\_

Sponsor Name (Active Member in Good Standing): \_\_\_\_\_

Skills & Interests: \_\_\_\_\_

Volunteer Preferences and/or Areas: Kitchen \_\_\_ Server \_\_\_ Maintenance \_\_\_ Newsletter \_\_\_ Marketing \_\_\_  
Technology \_\_\_ Event Setup \_\_\_ Provincial Night \_\_\_ Meeting Night \_\_\_

How did you find out about us? \_\_\_\_\_

Employer/Business: \_\_\_\_\_

Occupation/Profession/Trade: \_\_\_\_\_

Did you serve in the Military? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Dates Served: \_\_\_\_\_

For Internal Use: Received \_\_\_\_\_ Interviewed \_\_\_\_\_ Read \_\_\_\_\_ Balloted \_\_\_\_\_  
Initiated \_\_\_\_\_ Rejected \_\_\_\_\_ Comments \_\_\_\_\_

Once completed, the Membership Application should be submitted to the membership chairman. Prorated dues must be paid at initiation.