

Membership receipt is good for 60 days and is contingent on membership approval.

ARIZONA AMERICAN ITALIAN CLUB
7509 N. 12TH ST.
PHOENIX, AZ 85020
602-944-3090 azamerital@aol.com
Fax 602-331-8123
Web: www.azaiclub.org

PLEASE PRINT LEGIBLE

Application for Membership as one of following: _____
Are husband & wife joining together? _____ **If yes, each must fill out an application**
Name: _____ Birth date including year _____
Address: _____ UNIT # _____ Home phone _____
City _____ State _____ Zip Code _____ Cell phone _____
Email address: _____ <<<<<<Print Legible
Are you of Italian descent? Yes ___ No ___ Is your father of Italian descent? Yes ___ No ___
Father's last name: _____ Mother's maiden name: _____
Have you ever been arrested or convicted of a felony? Yes ___ No ___
If yes please explain _____ Use the back of application if necessary
Other club affiliations: _____
Hobbies or Interests: _____
Are you willing to contribute volunteer time? _____
Employment information: Employer _____ How long: _____
Business address: _____ Business Phone _____
City: _____ State: _____ Zip Code: _____

Oath

I, _____ do hereby declare the above statements are true and I

(Please print your name)

understand any false statement will result in immediate expulsion. Applicant swears to uphold all rules and regulations of the AAIC organization. Violation of such could result in suspension or revocation of privileges.

This application must be completed by applicant and accompanied by annual dues of \$70.00 for Regular member or \$50.00 for Affiliate member. A rejected applicant's dues will be returned by the AAIC.

If the applicant decides to resign on his/her own free will from AAIC, **DUES ARE NOT REFUNDABLE.**

Applicant signature: _____ Date: _____

By affixing my signature to this application I do swear allegiance to the Arizona American Italian Club, the State of Arizona and the United States of America.

Sponsor must be a regular member of Italian descent and has reviewed the application before affixing his/her signature as sponsor.

Sponsored by (Please print your name) _____

Sponsor's signature: _____ Date: _____

THIS APPLICATION REMAINS THE PROPERTY OF THE ARIZONA AMERICAN ITALIAN CLUB

Please do not write in this section. Financial Secretary Use Only

Financial Secretary's Signature: _____ Date: _____

Amount Paid: \$ _____ Date Paid: _____

Date Approved by Board and Membership _____ Date swore in: _____

MEMBERSHIP Number _____