

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
Fax 602-331-8123
Email www.azaicclub.org

Application for Membership as one of following: _____

Are husband & wife joining together? _____

If yes, fill out an application for each.

Name: _____

Birth date including year _____

Address: _____

Home phone _____

City _____

State _____

Zip Code _____

Cell phone _____

Email address: _____

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 _____

Yes _____ No _____

If yes, please explain _____

Use the back of application if necessary

Other club affiliations: _____

Hobbies or Interests: _____

Are you interested in contributing volunteer time? _____

Area of interest: Buffet Night _____ **Clean Up/Party Set Up** _____ **Special events** _____ **Party Bingo** _____

Cashiering _____ **Serving** _____ *Any amount of time you can donate is greatly appreciated!*

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 regular member of Italian descent and should be present during approval and swearing in of the applicant. There will be no stand in for the swearing in ceremony at the general meeting.

Sponsored by (Please print your name) _____

Sponsor's signature: _____

Date: _____

THIS SECTION IS FOR ADDITIONAL NOTES FROM THE FRONT OF THIS APPLICATION

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 sworn in: _____

MEMBERSHIP Number _____

