



# WICKLIFFE ITALIAN & AMERICAN CLUB

P.O. BOX 334 - WICKLIFFE, OH 44092  
PHONE: (440) 497-0144

## New Membership Application

To the Officers and members of the Wickliffe Italian-American Club;

Having formed a favorable impression of your Club, I, being of sound mind and body, over 21 years of age, I herewith present myself as a candidate and declare that I have not been rejected by any regularly instituted club within the past six months, neither have I been expelled from or stand suspended in any club. If accepted, I promise a free and due observance of the laws of the Club.

### CONTACT INFORMATION

Name	_____	Home Phone	_____
Street	_____	Cell Phone	_____
City	_____	Email	_____
Zip	_____	Place of Birth	_____
Date of Birth	_____	Age	_____

### APPLICANT INFORMATION

Initiation as a New Member ☐ Resident ☐ Years in Wickliffe: \_\_\_\_\_

Reinstatement ☐ Non-Resident ☐

Death Beneficiary \_\_\_\_\_

Recommended for Membership by: \_\_\_\_\_ Member Father Father-in-Law  
(circle one)

### RESIDENCY AND HERITAGE (may be subject to validation)

Wife's Name	_____	Wife's Maiden Name	_____
Father's Name	_____	Wife's Parents Names	_____
Mother's Name	_____	Wife's Parent Address	_____
Parent's Address	_____	Immigration (Year/Residence)	_____

### DUES and FEES

#### Initiation Fee:

Resident = \$3/yr x (Current age - 21), but not less than \$25

Non-Resident = \$200

#### Annual Dues: \$150

(prorated for number of months active in current year or \$12.50/mo)

Initiation Fee: \_\_\_\_\_

Dues: \_\_\_\_\_

**Total Due:** \_\_\_\_\_  
(at time of application)

### This Section For Club Use Only

Date Passed Board: \_\_\_\_\_

Date Passed Membership: \_\_\_\_\_

Date Initiated: \_\_\_\_\_