



WICKLIFFE ITALIAN & AMERICAN CLUB

P.O. BOX 334 - WICKLIFFE, OH 44092
PHONE: 440-943-6957

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: \$100

Initiation Fee: _____

Dues: \$100

Total Due: _____
 (at time of application)

This Section For Club Use Only

Date Passed Board: _____

Date Passed Membership: _____

Date Initiated: _____