



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 = \$200

Annual Dues: \$150
(prorated for number of months active in current year or \$12.50/mo)

Initiation Fee: \$200

Dues:

Total Due:
(at time of application)

This Section For Club Use Only

Date Passed Board: _____ Date Passed Membership: _____ Date Initiated: _____