Italian American Society of Marco Island

Membership Application 2025-2026

Members Name(s) _____
(Please Print)

☐ Existing or ☐ New Member

Florida Address_____
(Please Print)

Condo Name & Unit No._____

City_____State_____Zip_____

Home Phone #_____

Cell Phone # **Her** _____Cell Phone # **His**_____

Email # **Her**_____ Email # **His**_____

Northern Address_____
(Please Print)

City_____State_____Zip_____

Home Phone #_____

What months are you up North. Please <u>circle months</u> you are normally up north.

Jan Feb March April May June July Aug Sept Oct Nov Dec

How long have you been a member?_____Yrs. A good guess is OK. Two years or less? _____

Any adult person 21 years of age or over and who is of Italian lineage either by direct ancestry or by marriage or co-habitation shall be eligible for membership.

(OVER)

Italian Heritage

Member's Name_____ PROVINCE In Italy_____

Member's Name_____ PROVINCE in Italy_____

Please check an area where you would like to be of help to the organization.

Event Baking_____ Food Server_____ Kitchen/Meetings Help_____

Charity Awards_____ Fundraising_____ Phone Calls_____

Publicity/Photography_____ Website_____ Membership_____

Scholarship Committee___ Nominating and Election Committee_____

Computer/Office Skills_____ Word/Excel_____

Would you be willing to ***chair "or" co-chair a committee for an event*** _____

What possible ***activities or speakers at our meetings*** would you like to suggest to the Society?

_____

How did you find out about the **Italian American Society of Marco Island?**

_____

Dues are $75.00 per couple and $50.00 for an individual member.

Membership dues are payable on or before September 30, 2025 in order to have your names and information included in our 2025-2026 Membership Directory!

Checks should be made payable to:

Italian American Society of Marco Island and mailed to:

Italian American Society of Marco Island
c/o Charles Cumello
300 Greens Farms Rd
Westport, Ct 06880

(After September 30) mail to:
I*talian American Society of Marco Island*
PO Box 966
Marco Island, FL 34146

_____ _____

Member Signature **Date**

For Office Use Only: Check No _____, Amount_____ Payment Received:_____