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Italían Amerícan Socíety of Marco Island

Membership Application 2024-2025

Members Name(s)				
	(Please Print)			
Existing or New M	ember			
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 #				
Please check only	one of the two boxes above	to indicate where vou want		
your mail sent. Please check only one! (We suggest you use your Florida				
address and have your mail forwarded up North when you leave Marco Island.)				
How long have you been a mem	ber? <u>Yrs.</u> A good guess is O	K. 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 shall be eligible for membership.				

Italian Heritage

Members Name		PROVINCE IN ITALY		
Members Name		PROVINCE IN ITALY		
Please check an area where you would like to be of help to the organization.				
Activities (Social Events or	· Meeting Speakers)	Food Server		
Charity Awards	Entertainment	Refreshments	Event Baking	
Publicity	Christmas Parade	Website		
Scholarship	Decorations	Fund Raising		
Membership	Nominating and Election _	Make phone ca	lls	
Would you be willing to <i>chair a committee</i> for one of our events?				
What possible activities or speakers at our meetings would you like to suggest to the Society?				
How did you find out about Italian American Society?				

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

<u>Membership dues are payable on or before September 30, 2024 in order to have</u> your names and information included in our 2024-2025 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 Gene D'Onofrio 204 Bellevue Court Narragansett, RI 02882

(After October 1) Italian American Society of Marco Island PO Box 966 Marco Island, FL 34146

Member Signature

Date

For Office Use Only: Check Number: Amount Paid: Date Payment Received: