



*Italian American
Society of Marco Island*

**Membership Application
2021-2022**

Members Name(s) _____

(Please Print)

Existing or New Member

Florida Address _____

(Please Print)

Condo Name & Unit No. _____

City _____ State _____ Zip _____

Home Phone # _____

Cell Phone # 1 _____ Cell Phone # 2 _____

Email # 1 _____ Email # 2 _____

Northern Address _____

(Please Print)

City _____ State _____ Zip _____

Home Phone # _____

Please check one of the two boxes above to indicate where you 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 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 shall be eligible for membership.

(OVER)

Italian Heritage

Members Name _____ PROVINCE _____

Members Name _____ PROVINCE _____

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 calls _____

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 \$55.00 per couple and \$35.00 for an individual member.

Membership dues are payable on or before September 30, 2021 in order to have your name and information included in our 2021-2022 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: