

Italian American Society of Marco Island

Membership Application 2023-2024

Members Name(s)				
	(Please Print)			
Existing or New Mer	nber			
Florida Address				
	(Please Print)			
Condo Name & Unit No				
Condo Ivanie d Onit Ivo.				
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 only <u>o</u>	ne of the two boxes above	to indicate where you want		
your mail sent. Pleas	se check only one! (We sugg	jest you use your Florida		
address and have you	ur mail forwarded up North w	hen you leave Marco Island.)		
How long have you been a membe	er? Yrs. A good guess is Ol	K. Two years or less?		
CON 86 NO 2005	16 16 16 16 16	7000 Ann 1000 Al 1000 M		
	•	Italian lineage either by direct		
ancestry or by marriage sha	all be eligible for membership	D		

Italian Heritage

italian Hentage					
Members Name		PROVINCE			
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Please check an area w	here you would like to be	of help to the organiz	ation.		
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 <i>Italian American Society</i> ?					
Membership dues a	5.00 per couple and \$and \$and \$and \$and \$and \$and \$and	<u>re September 30, 2</u>	023 in order to have		
Checks should be made payable to Italian American Society of Marco Island and mailed to:					
	Italian American Socio c/o Gene D 204 Bellevo Narragansett	O'Onofrio ue Court			
	(After Oct Italian American Soci				

PO Box 966 Marco Island, FL 34146

Member Signature

Date

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