

ITALIAN AMERICAN CLUB
MEMBERSHIP APPLICATION

I (WE) HEREBY APPLY FOR MEMBERSHIP IN THE ITALIAN AMERICAN CLUB

DATE _____

NAME _____

ADDRESS: _____ ENTRY _____

TELEPHONE _____ E-MAIL _____

MEMBERSHIP IS OPEN TO ROSSMOOR RESIDENTS OF ITALIAN ORIGIN
AND/OR THOSE WHOSE SPOUSE IS OF ITALIAN DESCENT.

FULL ITALIAN NAME OF, AND RELATIONSHIP TO, PRIMARY APPLICANT

FATHER _____

MOTHER _____

SPOUSE _____

COMMITTEES WITH WHICH I/ WE WOULD BE WILLING TO WORK IN THE
FUTURE. PLEASE CHECK ONE OR MORE.

____ DECORATIONS

____ RESERVATIONS

____ MEMBERSHIP

____ SUNSHINE

____ ENTERTAINMENT

____ WINE SERVING

____ PUBLICITY

____ OTHER

ANNUAL DUES, RENEWABLE DECEMBER 1st, ARE \$15 PER PERSON
OR \$30 PER COUPLE. SEND YOUR APPLICATION AND CHECK TO
ITALIAN AMERICAN CLUB AT ADDRESS BELOW.

**Membership Chairman
Italian American Club
Sandra M. Cavallo
3511 Terra Granada Drive # 1B, Entry 5
Walnut Creek, CA 94595**

925-930-9310

sandracavallo@ItalianAmericanClub.Org