



Membership Enrollment Application

Assigned Member Number		Date	
<p>PLEASE INDICATE WHETHER YOU ARE APPLYING FOR A REGULAR OR ASSOCIATE MEMBERSHIP AND COMPLETE BOTH SIDES OF THIS APPLICATION.</p> <p><input type="checkbox"/> REGULAR MEMBERSHIP. I am applying for regular membership. I am Italian or married to an Italian and the individual with Italian heritage is currently a member or joining with me.</p> <p style="padding-left: 40px;"> <input type="checkbox"/> I am Italian <input type="checkbox"/> I am married to an Italian </p> <p><input type="checkbox"/> ASSOCIATE MEMBERSHIP. I am applying for an associate membership. I am not Italian, nor is my spouse, if applicable.</p>			
Full name (Last, First, MI)			
Mailing address (street)			
City/Town		State	Zip
Home telephone	Cell phone	Email address	
Date of birth	Occupation		
Are you married <input type="checkbox"/> Yes No	Is your spouse applying? <input type="checkbox"/> Yes No	Spouse's name (if applicable)	
Spouse's cell phone	Spouse's email address		
Spouse's date of birth	Spouse's occupation		
Have you ever been a member of the Italian Heritage Center ? <input type="checkbox"/> Yes No If yes, when _____			

FEES AND DUES FOR MEMBERSHIP			
	<u>Reinstatement</u>	<u>Annual Dues</u>	<u>Amount Due</u>
Individual	\$25.00	\$75.00	Regular dues plus prorated dues*
Husband & Wife	\$25.00	\$125.00	Regular dues plus prorated dues*

The application fee has been waived. The Membership Secretary will notify you of the prorated dues amount.

Your Signature **X** _____

Sponsor's Signature - **REQUIRED** _____

Father's name (if Italian) _____

Mother's name (if Italian) _____

Please check where appropriate:
 I My parent(s) My grandparent(s) was/were born in Italy.

Are you familiar with the **Italian** language? Yes No
 If yes, can you Read Write Speak the language?

What has prompted you to want to join the IHC?

I certify that I know the applicant and to the best of my knowledge he/she meets the requirements for membership in the **Italian Heritage Center**.

Sponsor Signature _____

Keycard # _____ Date _____

YOUR INTERESTS

(Please check all that apply)

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Charity | <input type="checkbox"/> Children's Parties |
| <input type="checkbox"/> Christmas Fair | <input type="checkbox"/> Concert Band | <input type="checkbox"/> Cultural | <input type="checkbox"/> Italian Lessons |
| <input type="checkbox"/> La Cantina (lounge) | <input type="checkbox"/> Library | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other _____ |

Comment: _____

Please return the completed application, signed by you and your sponsor, along with a \$50 application fee or a \$25 reinstatement fee, check made payable to the **Italian Heritage Center** and mail to:

The Italian Heritage Center
 MEMBERSHIP SECRETARY
 40 Westland Avenue Portland, ME

04101

After receiving your application, you will be contacted for an interview. If you are accepted into our membership, we will collect your pro-rated dues at that time. Thank you.

BELOW FOR INVESTIGATING COMMITTEE USE ONLY

Date of Committee Meeting _____

Recommendation of Committee

- Accept Denied

Committee Signatures:

Chairperson

Chairperson

Chairperson

Chairperson

Chairperson

Chairperson