

Assigned Member Number

Date



Membership Enrollment APPLICATION

Please indicate whether you are applying for a **REGULAR** or **ASSOCIATE** membership and complete both sides of this application.

- ☐ **REGULAR MEMBERSHIP** I am applying for regular membership. I am Italian, married/partnered to an Italian and the individual with Italian heritage is currently a member or joining with me.
- ☐ I am Italian ☐ I have an Italian spouse/partner
- ☐ **ASSOCIATE MEMBERSHIP** I am applying for an associate membership. I am not Italian, nor is my spouse/partner, if applicable.

NAME (First, MI, Last) _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

HOME TELEPHONE _____ CELL PHONE _____ EMAIL _____

DATE OF BIRTH _____ OCCUPATION _____

MARRIED/PARTNERED ☐ Yes ☐ No SPOUSE/PARTNER APPLYING ☐ Yes ☐ No

SPOUSE/PARTNER NAME _____ DATE OF BIRTH _____

SPOUSE/PARTNER TEL # _____ SPOUSE/PARTNER EMAIL _____

SPOUSE/PARTNER OCCUPATION _____

Have you ever been a member of the Italian Heritage Center? ☐ Yes ☐ No If yes, when? _____

FEES AND DUES FOR MEMBERSHIP

	Application		Reinstatement	Annual Dues	Amount Due
Individual	\$50.00	or	\$25.00	\$75.00	Application fee + prorated dues*
Couple	\$50.00	or	\$25.00	\$125	Application fee + prorated dues*

*The application fee is due upon submission of application. The Membership Secretary will notify you of the prorated dues amount. If a couple are both applying, only submit one \$50.00 Application Fee.

Your Signature **X** _____ Date _____

SPONSOR'S Signature - **REQUIRED**. 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 _____ Date _____

Father's name (if Italian) _____

Mother's name (if Italian) _____

Please check where appropriate. Family born in Italy:

☐ Myself ☐ My parent(s) ☐ My grandparents ☐ Other _____

WHERE: Region _____ City/Town _____
(Italy has 20 Regions and many provinces, cities and towns)

Are you familiar with the Italian language? ☐ Yes ☐ No

If yes, can you ☐ Read ☐ Write ☐ Speak the language?

Why do you want to join the Italian Heritage Center (IHC)? _____

YOUR INTERESTS

(please check all that apply)

<input type="checkbox"/> Advertising	<input type="checkbox"/> Buildings & 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, and a check made payable to the Italian Heritage Center. Mail to:

The Italian Heritage Center
MEMBERSHIP SECRETARY
40 Westland Avenue
Portland, ME 04102

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

BELOW FOR MEMBERSHIP COMMITTEE ONLY

Date of Committee Meeting _____ Recommendation: ☐ Accept ☐ Deny

Committee Signatures:

Chairperson

Chairperson

Chairperson

Chairperson

Chairperson

Chairperson