



Arizona American Italian Club
Membership Application
7509 N. 12th Street
Phoenix, AZ 85020

602-944-3090 Fax 602-331-8123 www.azaic.org

Application for Membership as one of the following:

Are husband and wife joining together? _____ **If yes, fill out an application for each.**

Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

E-mail Address: _____

Are you of Italian descent? ___ Yes ___ No Is your father of Italian descent? ___ Yes ___ No

Father's last name, if different from yours _____ Mother's maiden name _____

Have you ever been arrested or convicted of a felony? ___ Yes ___ No

If yes please explain: _____ Use back side of application if necessary

Other Club Affiliations: _____

Hobbies or Interests: _____

Are you willing to donate volunteer time? ___ Yes ___ No

Employment Information:

Employer: _____ How Long? _____

Business Address: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____

Sponsored By: (Please Print) _____

Oath

I, _____ do hereby declare the above statements are true and I understand any false
(Please Print Your Name)
statement will result in immediate expulsion. Applicant swears to uphold all rules and regulations of the AAIC organization. Violation of such could result in suspension or revocation of privileges.

This application must be completed by applicant and accompanied by annual dues.
\$60.00 Regular Member - \$40.00 Affiliate Member. A rejected applicant's dues will be returned by the AAIC.
If applicant decides to resign on his/her own free will from the AAIC - DUES ARE NON-REFUNDABLE.

Applicant Signature _____ Date: _____

By affixing my signature to this application I do swear allegiance to the Arizona American Italian Club, the State of Arizona and the United States of America

Sponsor's Signature _____ Date: _____

(THIS APPLICATION REMAINS THE PROPERTY OF THE ARIZONA AMERICAN ITALIAN CLUB)

Do Not Write in this Section- Financial Secretary Use Only

Financial Secretary's Signature _____ Date _____

Amount Paid \$ _____ Date Paid _____

Date Approved by Board & Membership _____

Membership Number _____