



## Membership Enrollment Application

<b>Assigned Member Number</b>		<b>Date</b>	
<p><b>PLEASE INDICATE WHETHER YOU ARE APPLYING FOR A REGULAR OR ASSOCIATE MEMBERSHIP AND COMPLETE BOTH SIDES OF THIS APPLICATION.</b></p> <p><input type="checkbox"/> <b>REGULAR MEMBERSHIP.</b> 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"/> <b>ASSOCIATE MEMBERSHIP.</b> 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 <input type="checkbox"/> No	Is your spouse applying? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Italian Heritage Center</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when _____			

<b>FEES AND DUES FOR MEMBERSHIP</b>						
	<u>Application</u>		<u>Reinstatement</u>		<u>Annual Dues</u>	<u>Amount Due</u>
Individual	\$50.00	or	\$25.00		\$75.00	Application fee plus prorated dues*
Husband & Wife	\$50.00	or	\$25.00		\$125.00	Application fee plus prorated dues*
<p><i>The application fee is due upon submission of application. The Membership Secretary will notify you of the prorated dues amount.</i></p> <p><b>If husband and wife are both applying, only submit one \$50.00 Application Fee.</b></p>						

Your Signature **X** \_\_\_\_\_

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 \_\_\_\_\_ Keycard # \_\_\_\_\_ Date \_\_\_\_\_

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?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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