

Membership Application

Name						
First		Middle	Last			
Are you a curre	ent member of the Italian Club	Ye	S	No		
If yes, what typ	be of membership do you have?	?				
Individual	Student Family Business/Path	ron				
				Busines	s Name	

• •

If no, please compete the Italian Club Membership Enrollment Application attached or find the online version at www.italian-club.org

Home Address/Mailing Address	3		
Street or PO Box			
City	State	Zip	
Email Address			
Home #	Mobile #		Work #
Date of Birth			
Emergency Contact Name			Contact #
Sponsoring Krewe of Italia Mer	nber		

I hereby make this application for membership to the Krewe of Italia and understand I must maintain a membership with the Italian Club of Tampa in order for the for the Krewe membership to remain valid.

I affirm that I will conduct myself at all times in a manner that will not damage the name or reputation of the Krewe of Italia nor the Italian Club of Tampa.

I affirm that I will abide by the rules set forth by the Krewe of Italia and the Italian Club of Tampa.

Membership Dues: Individual Annual Krewe Membership Dues: \$300.00 Italian Club of Tampa Annual Membership Dues: \$150.00 for an Individual and \$200.00 for a Family Membership