

Italian Canadian Club of Milton & District

NEW Member ~ Application

*** Membership valid for 1 year from date of application. ***



Today's Date: _____

LAST NAME: _____

FIRST NAME: _____ Speak Italian: Y • N

ADDRESS: _____ CITY: _____

PC: _____ EMAIL: _____

Permission to email newsletters and connect electronically? Y • N

HOME PHONE: _____ CELL: _____

OTHER CONTACT#: _____ STATUS: Single ~Adult • Married ~ Adult

Name of Spouse / Partner: _____

of children <18 years old: _____ Ages of dependents _____

Names of children / dependents:

_____ D.O.B. (mm/dd/yy) _____

_____ D.O.B. (mm/dd/yy) _____

_____ D.O.B. (mm/dd/yy) _____

_____ D.O.B. (mm/dd/yy) _____

Single Adult ~ Membership fee: \$75 per year + HST

Family Membership incl. spouse/partner & children <18 years* \$125 per year + HST

Reason[s] for Joining ~ How did you hear about ICCM? _____

Who Referred you to ICCM? _____

Why do you wish to join ICCM?

ICCM COMMITTEES AND AREAS OF INTEREST ~ WE MAY CALL ON YOU FOR:

_____ Building Project _____ Fundraising _____ Membership
_____ P/R Marketing & Adv. _____ Ladies' Nights _____ Special Events
_____ Web Site _____ Social Media _____ Community Liaisons
_____ Corporate Sponsors _____ Catering _____ OTHER

Other:

- YES, I am interested in joining the Board of Directors**
 - YES, I am interested in being considered for a position on the ICCM Executive Board in future.**
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ANNUAL CORPORATE SPONSORSHIP

YES, I own a business and would like to join as a corporate sponsor:

Corporate Sponsorship fee: \$350 annually - Includes individual membership

VOLUNTEERING

We appreciate members that graciously give of their time & talent to the ICCM's growth.

YES, I am willing to volunteer when required pending availability.

ICCM USE ONLY:

App checked by: (name, date & initial) _____

Membership Approved: _____ **Annual Renewal Date:** _____

M.O.P.: Cheque ___ Cash ___ EMT ___ Visa ___ M/C ___ PayPal _____

CC # _____ **Expiry** _____ **Sec code** _____

Amount Received: \$ _____ **Treasurer Confirmed:** _____

Membership Card[s] issued: # of cards _____ **Member Received:** _____