

Italian Cultural Centre Of Milton
Member and Participant Application
To be completed annually ~ Valid June 28, 2023-2024 AGM



Today's Date: _____

FIRST & LAST NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____

Postal Code: _____ EMAIL: _____

CONTACT PHONE: _____ ALTERNATE: _____

FIRST & LAST NAME (Spouse): _____

CONTACT PHONE: _____ EMAIL: _____

Permission to email newsletters and connect electronically Y N

Membership Types (Voting) and Participants (Non-Voting)

- | | |
|---|--------|
| <input type="checkbox"/> General Membership Single Adult
(Children <18 years* No Fee with parent membership) | \$50 |
| <input type="checkbox"/> General Membership Spouse | \$50 |
| <input type="checkbox"/> Founding Members and Children (Lifetime Membership) | No Fee |
| <input type="checkbox"/> Friends of the ICCM –Single Adult Participant | \$25 |
| <input type="checkbox"/> Friends of the ICCM –Spouse | \$25 |
| <input type="checkbox"/> Supporter of ICCM –Organization, Business, Group Participant | \$200 |

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

Who Referred you to ICCM? _____

VOLUNTEERING

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

YES, I am willing to volunteer

ICCM USE ONLY:

Application Reviewed By: _____ Date: _____

Application Fee Paid By: _____ Date: _____