



## The North Italian Club, Inc.

### APPLICATION FOR MEMBERSHIP

I do hereby make application for membership in THE NORTH ITALIAN CLUB, INC. subject to the Rules, Regulations, and By-Laws of said The North Italian Club, Inc. In support of this application, I offer the following information:  
(PLEASE PRINT)

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

DATE OF BIRTH: \_\_\_\_\_  
Month/Day/Year

PLACE OF BIRTH: \_\_\_\_\_  
City County/Province State/Country

NAME OF SPOUSE (If Applicable): \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_  
Month/Day/Year

CHILDREN NAMES AND AGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### MY ITALIAN HERITAGE

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_, ITALY

#### NO ITALIAN HERITAGE

My spouse, with Italian Heritage, is a current member, in good standing, of The North Italian Club, Inc.

Why do you seek membership into The North Italian Club, Inc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### OPTIONAL INFORMATION

EMPLOYER NAME: \_\_\_\_\_

PROFESSION: \_\_\_\_\_ POSITION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Street City State Zip

AREAS OF SPECIAL INTEREST: \_\_\_\_\_

MEMBER OF OTHER ORGANIZATIONS: \_\_\_\_\_

I further represent that all of the statements made herein are the truth, the whole truth, and nothing but the truth, and I understand and agree that any misrepresentation on my part herein shall render me liable for expulsion from The North Italian Club, Inc., and thereby automatically deprive me from any and all privileges and rights and incident to said membership.

FEES: Application for membership is \$ \_\_\_\_\_ Annual membership dues are \$ \_\_\_\_\_  
**DO NOT ENCLOSE ANY FEES OR DUES WITH YOUR APPLICATION**

Respectfully submitted: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

\*It is understood that this application shall not be binding upon THE NORTH ITALIAN CLUB, INC. until written notice of acceptance has been received.

**SPONSORS**

We, the undersigned two (2) Members in GOOD STANDING of The North Italian Club, Inc. do hereby know the applicant and recommend the above applicant to membership in The North Italian Club, Inc. Sponsors are to complete the following pertaining requirements prior to submitting this application and failure to do so will cause this application to be null and void.

SPONSOR #1: MEMBER NAME: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Print

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSOR #2: MEMBER NAME: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Print

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS APPLICATION FOR MEMBERSHIP MAY BE MAILED TO:**  
THE NORTH ITALIAN CLUB, INC.  
P.O. BOX 30132  
CLEVELAND, OHIO 44130

**\*\*FOR OFFICE USE ONLY\*\***

Application Issued To: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Secretary: \_\_\_\_\_  
Month/Day/Year Signature