



**MEMBERSHIP APPLICATION** Revised 11/13/2024

Date \_\_\_/\_\_\_/\_\_\_

We hereby propose \_\_\_\_\_  
Print Name.

For membership in Americans of Italian Heritage Inc. subject to the by-laws. Application must be recommended and signed by a 2 members in good stand

Applicant sponsored by \_\_\_\_\_ Signature \_\_\_\_\_  
Print name.

Applicant sponsored by \_\_\_\_\_ Signature \_\_\_\_\_  
Print name.

**Applicants** Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home / Cell Personal / Business

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_ If married, Spouse name \_\_\_\_\_ Maiden name \_\_\_\_\_

Are you a son or son-in-law of an existing member? YES / NO. If yes, member's name \_\_\_\_\_

**Italian Descent/Ancestral Information** Mother's maiden name \_\_\_\_\_

Family region/province/town in Italy? \_\_\_\_\_

Where did the Family first settle in the USA? \_\_\_\_\_ Cleveland, Ohio area? \_\_\_\_\_  
City/State City

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Annual dues of \$120 with a onetime initiation fee of \$30 to be paid when officially sworn in. Dues paid during the last quarter of our fiscal year will be rolled into the next fiscal year. We operate on a fiscal year starting on July 1 and ending on June 30. **Amount paid \$**\_\_\_\_\_.

**Signature of applicant** \_\_\_\_\_ I hereby agree to abide by the oath and by-laws of Americans of Italian Heritage In currently enforced or amended. The foregoing statements on this form are true to the best of my knowledge. **Date sworn in** \_\_\_/\_\_\_/\_\_\_

**Applicant approved by EC date** \_\_\_\_\_. **Applicant approved by GM date** \_\_\_\_\_. **Official date** \_\_\_\_\_.

Website address: AIHClub.com (**website electronic form**).

Mailing address: P.O. Box 732, Mentor, OH 44061-0732