



The Italian American

Social Club at Palm Coast, Florida



Official Initiation Date

___/___/___

45 Old Kings Road North, Palm Coast, Florida 32137 386-445-1898

Re Join

ASSOCIATE MEMBERSHIP APPLICATION

Any person is eligible to become an Associate Member of the Italian American Social Club. The spouse of an Associate Member shall be required to apply for membership as well and must maintain his or her membership for the other spouse's membership to remain valid.

Applicants must be at least 21 years of age.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT:

Date of Application: ___/___/___ EMAIL ADDRESS #1: _____

EMAIL ADDRESS #2: _____

Please provide email address for weekly and monthly communication from our club. Thank you*

Applicant Name _____ Spouse (If Applicable) _____

One Application only if Legally Married

Mailing Address _____

Preferred Contact # (____) ____-_____

D.O.B. Male ___/___/___ D.O.B Female ___/___/___ Date Anniversary ___/___ Month & Day

Sponsor's Signature _____ (Club Member)

Membership Fees: Initiation Fee \$ 50.00 per person (one time only) Re Join Fee: \$25.00 per Person

Annual Dues \$150.00 per person (January 1* thru December 31*) + Initiation

\$ 75.00 per person (July 1* thru October 31*) + Initiation

The sum of **\$200.00 per person** (Full Yr.) **\$125.00 per person** 1/2 Yr.) is due with the **submission of this application**. If the membership is not approved, the amount will be refunded within one week of the board meeting following the submission of the application. All Memberships must be approved by the Board of Directors. Board meetings are held each month. General meetings are held on the third Wednesday of each month at 7pm. New members are presented to membership at the General Meeting.

Membership Committee Chairperson Signature: _____ Date Approved ___/___/___

Date Paid ___/___/___ Amount Paid \$ _____ CC ___ Cash \$ _____ Check # _____

Director On Duty Signature _____ Date Submitted to MC/Office ___/___/___

Board Approval Date: ___/___/___ 2nd Thursday each month Key Card #(s) _____



The Italian American

Social Club at Palm Coast, Florida



It is the objective of this association to provide this organization through which Americans of Italian origin or descent may form enduring friendships and promote an understanding of and appreciation for the Italian-American heritage. The purpose of the Association shall be to cooperate in building a better community with prejudice toward none.

Your present or previous occupation _____ Retired (?) _____

What are your hobbies? _____

What activities you'd like to participate in? _____

Please list any clubs or organizations of which you are presently or have been a member or officer:

**VOLUNTEERS ARE THE BACKBONE OF OUR SUCCESS
PLEASE CONSIDER SHARING YOUR TIME AND EXPERTISE TO
SUPPORT YOUR CLUB**

Listed below are the IASC committees and areas where volunteers are needed. Please choose any areas where you would consider volunteering, with on a regular or "as needed" basis.

Thank you

Bingo (Monday Night or Tuesday Afternoon)

Election

Building & Grounds

Grievance

Decorating for Dinner Dances & Pub Nights

Heritage

Door Greeter

Scholarship

Applicant's Signature _____

Spouse's Signature _____

8.7.2023 (krg)