



THE ITALIAN COMMUNITY OF AKRON, INC. "LE RADICI"
 Casa di Le Radici, 3411 Wyoga Lake Road, Stow, OH 44224

MEMBERSHIP APPLICATION

It is with sincere intention, The Italian Community of Akron (Ohio), Inc. "Le Radici" extends their welcome to the Italian-American community who loves the richness of our culture and heritage. The main objective of our association is to promote activities introducing to the community the different facets of our Italian ways. It is also with the vibrancy of our club members, that we engage in fundraising activities to pay it forward in charity giving, and assist those in need.

APPLICANT NAME _____ SPONSOR NAME _____

SPOUSE NAME (if joining) _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ CELL _____ EMAIL _____

APPLICANT OCCUPATION _____ SPOUSE OCCUPATION _____

BIRTHDATE OF APPLICANT _____ BIRTHDATE OF SPOUSE _____

ITALIAN DESCENT APPLICANT (Y / N) _____ LIST REGION _____

ITALIAN DESCENT SPOUSE (Y / N) _____ LIST REGION _____

NAMES AND BIRTHDATES OF CHILDREN LIVING AT HOME AGES 18 AND UNDER

1) _____ BD _____ 2) _____ BD _____
 3) _____ BD _____ 4) _____ BD _____

Would you (or your place of work) be a *SPONSOR* for one of our charitable events? ____ yes
 All members are asked to attend monthly meetings and are required to assist in a minimum of three (3) club activities each year. Please select those listed below in which you can offer your talents:

____ bocce league ____ festival committee ____ festival worker ____ monthly dinner social
 ____ fundraising committee ____ summer picnic ____ Christmas party ____ Children activities

ANNUAL DUES : FAMILY \$60 (includes children ages 18 and under) INDIVIDUAL \$30
 Dues are paid on the date of membership installation, payable to: Le Radici

MAIL APPLICATION TO: Le Radici, ATTN: Membership, P.O.Box 258, Tallmadge, OH 44278

Check ALL talents and skills that you have...

____ baker ____ artist ____ photographer ____ website/graphic designer ____ mason ____ lawyer ____ accountant ____ hairstylist ____ beekeeper
 ____ grant writer ____ chef ____ party planner ____ auto mechanic ____ landscaper ____ project manager ____ teacher ____ musician ____ medical
 ____ gardener ____ singer ____ other, please explain _____

(LE RADICI BOARD COMMITTEE USE ONLY)

Date application received: _____ By: _____

Date Board accepted membership: _____

Date of installation and membership dues paid: _____ Amount paid: \$ _____

Above information verified by Membership Chairperson: _____ Date: _____

(Revised 3-1-17 / mjp)