



THE ITALIAN COMMUNITY OF AKRON INC. "LE RADICI"

Casa di Le Radici, 3411 Wyoga Lake Road, Stow, OH 44224

MEMBERSHIP APPLICATION

TODAYS DATE: _____

The Italian Community of Akron (Ohio) Inc. wants to reach the entire Italian-American community and all of those who love Italy. The main objective of our association is to organize and promote activities with the purpose of introducing to the Italian community the different facets of the Italian culture.

Dues for the year are: Family - \$100.00 and Includes children ages 18 and under. Individual - \$50.00. There are no membership dues for full time students ages 18 – 23. Dues are payable at time of acceptance into organization.

NAME _____ SPOUSE (If also joining) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

ACTIVE OR RETIRED OCCUPATION FOR APPLICANT _____, FOR SPOUSE _____

BIRTH DATE - APPLICANT _____ SPOUSE _____ ITALIAN DESCENT Y / N REGION _____

NAMES AND BIRTHDATES OF CHILDREN LIVING AT HOME AGES 18 AND UNDER AND FULL TIME STUDENTS AGES 18 – 23.

1) _____ BD _____ 2) _____ BD _____

3) _____ BD _____ 4) _____ BD _____

NAME OF "LE RADICI" MEMBER (S) SPONSORING YOU _____

1. How did you find out about Le Radici? _____

2. Why are you interested in joining? _____

3. Are you willing to support club activities? YES /NO 4. Will you attend meetings on a regular basis? YES/NO

5. Will you assist in and partake in club events? YES /NO 6. **Comments:** _____

Send your application to: Le Radici Attn.: Membership Chairperson P.O. Box 258 Tallmadge, OH 44278

You will be notified of your acceptance and sworn in at the next membership meeting. Dues should be paid at that time.

FOR OFFICE USE ONLY

Date application received. _____ By _____

Date of Board recommendation of membership acceptance _____

Date of Installation and membership dues paid _____ Amount \$ _____

All above dates verified by Membership Chairperson _____ Date _____