



THE ITALIAN COMMUNITY OF AKRON INC. "LE RADICI"

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

P.O. Box 258, Tallmadge, OH 44278

THE ROOTS

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: Individual - \$50.00. Family - \$100.00 and Includes children ages 20 and under. There are no membership dues for full time students ages 21 – 25. Dues are payable on the date of your installation.

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 20 AND UNDER AND FULL TIME STUDENTS AGES 21 – 25.

1) \_\_\_\_\_ BD \_\_\_\_\_ 3) \_\_\_\_\_ BD \_\_\_\_\_

2) \_\_\_\_\_ BD \_\_\_\_\_ 4) \_\_\_\_\_ BD \_\_\_\_\_

NAME OF "LE RADICI" MEMBER (s) SPONSORING YOU \_\_\_\_\_

1. How did you find out about LeRadici? \_\_\_\_\_

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.

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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. \_\_\_\_\_