

THE ITALIAN COMMUNITY OFAKRON 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 alsojoining) \_

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

3) BD

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

 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. How did you find out about Le Radici? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why are you interested in joining? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

5. Will you assist in and partake in club events? YES *I* 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 US£ ONLY*

Date application received. B y \_\_\_\_\_\_

Date of Board recommendation of membership acceptance \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

All above dates verified by Membership Chairperson Date. \_

*(Form revised 3/22/22 by PAD)*