

MEMBERSHIP APPLICATION

Mail TO: P.O. BOX 230016 LAS VEGAS, NEVADA 89015 (702) 407-1380

PERSONAL INFORMATION: DATE: _____

NAME: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PLACE OF BIRTH: _____ ITALIAN HERITAGE SURNAME: _____ FATHER'S MOTHER'S
(check one)

SPOUSE' NAME: _____ NUMBER OF CHILDREN: _____

BUSINESS/PROFESSIONAL INFORMATION *(how you would like to be listed in our brochure):*

COMPANY: _____ TITLE: _____

INDUSTRY: _____

HOW DID YOU HEAR ABOUT OUR SOCIETY: _____

BRIEF STATEMENT: WHY WOULD YOU LIKE TO BE A MEMBER: _____

WOULD YOU LIKE TO SERVE ON A COMMITTEE? _____

PLEASE ENCLOSE CHECK OR CREDIT CARD INFORMATION WITH APPLICATION. *(Remit annual dues or quarterly installment based on selection below.)*

AMOUNT REMITTED: \$ _____ CREDIT CARD INFORMATION:

<i>select payment/billing preference</i>	
2010 Annual	\$600.00
Quarterly	\$150.00

CHECK #: _____ CARD NUMBER: _____
 TYPE: _____ EXPIRATION: _____

(MEMBERSHIP DUES AND DINNER DONATIONS ARE TAX DEDUCTIBLE).

APPLICANT'S SIGNATURE: _____ DATE: _____

PREFERENCE OF MEMBERSHIP BADGE *(please check one)*: MAGNETIC _____ CLIP ON _____

I AM INTERESTED IN DONATING AN ADDITIONAL *SPECIAL-DESIGNATION* SCHOLARSHIP _____

I'M UNABLE TO JOIN AT THIS TIME, BUT WOULD LIKE TO MAKE A CHARITABLE DONATION OF \$ _____

WE ARE RECOMMENDING THE ABOVE NAME APPLICANT FOR MEMBERSHIP.

SPONSOR: _____ SIGNATURE: _____

SPONSOR: _____ SIGNATURE: _____

DIRECTORS DECISION: _____ DATE: _____

COMMENTS _____