***Italian American M.B.L.S., Inc.***

*Of Scotch Plains, New Jersey*

*908-322-6868*

[*www.scotchplainsitalianamericanclub.com*](http://www.scotchplainsitalianamericanclub.com)

**Application for Membership**

Date:

First Name: Last Name:

Address:

City: State: Zip:

Home Tel: Mobile Tel:

E-mail:

Date of Birth: Place of Birth:

Occupation:

Are you a citizen of U.S.A.?: YES NO

Are you of Italian extraction? YES NO

Do you have familial ties to Montazzoli, Italy? Yes No

* If YES, please complete the following:
* Relationship (e.g. mother, father, grandparent(s), wife, etc.):
* Family Name (if different than your surname listed above):
* If No, please briefly describe your Italian heritage:

Recommended by:

(Active Member Name\*)

**\*Recommending member must be in good** **standing and must appear at board meeting on behalf of applicant.**

SIGNATURE ……………………………………………………………………………………………….

Membership application will be reviewed by the board at its discretion. Application Fee is 25.00. Annual membership dues are $90.00 per member payable annually by December 1 of the preceding year. Upon acceptance, new members will be required to attend a general meeting and pay application fee and membership dues for the remaining membership year (prorated). Thank you for your interest in the Italian American Club of Scotch Plains.

***For Internal Use Only***

*Board Acceptance Date:*

*Meeting Acceptance Date:*

*Membership Chairperson:*

*Payment Received:*