

APPLICATION FOR MEMBERSHIP
ITALIAN-AMERICAN SOCIETY OF ST. PETERSBURG
A FLORIDA NOT-FOR-PROFIT CORPORATION

www.iasosp.org

Frank Purrelli, President
Telephone: 727-367-2242

TODAY'S DATE MONTH _____ DAY _____ YEAR _____

NAME _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Number and Street)

_____ (City) (State) (ZIP)

TELEPHONE NUMBER _____
(Area Code) (Number)

E-MAIL ADDRESS _____

DATE OF BIRTH MONTH _____ DAY _____

PLEASE CHECK THE ACTIVITIES OF INTEREST TO YOU:

- | | |
|---------------------------------|--------------------------------|
| Tarantella (Folk) Dancing _____ | Italian Language Classes _____ |
| Cultural Committee _____ | Education Committee _____ |
| Membership Committee _____ | Fundraising Committee _____ |
| Social Committee _____ | |

PLEASE LIST YOUR SKILLS, TALENTS, AND RESOURCES THAT COULD BENEFIT THE SOCIETY: _____

Annual Dues are \$25 per person. Make check payable to Italian American Society of St. Petersburg.
Monthly General Meetings: Third Thursday of the month at 7 p.m. at Gulfport Sr. Center, 5501 27th Ave. S.

SIGNATURE _____

SPONSORED BY: _____
(Insert name of current member)

Date Paid: _____
Check No. _____ Cash _____