



**CHRISTOPHER COLUMBUS
ITALIAN SOCIETY**



MEMBERSHIP APPLICATION

Membership Type:	Regular (18 or Older) \$40	Life (\$480)	
Name:			
Address:			
City:		Zip Code:	
Phone Numbers:	Home:	Work:	Cell:
Email address:			
Date of Birth:		Place of Birth:	
US Citizen: Yes No			

List all organizations, societies, clubs and associations in which you currently hold membership or office.

Marital Status: Married Single Widow(er)	If Married, Spouse's Name:		
Children's Names (Ages):			
Occupation:	Employer:		
Hobbies:			

Please list the skills that you would volunteer for the good of the Society?

Were you ever convicted of any violations of the law other than minor traffic convictions within the past five years?

Yes No

If yes, please provide details of offense, court, date and disposition of case.

Why do you seek membership in the society?

Your application must be complete and signed to be considered.

I hereby certify that this application contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation disclose any such misrepresentation or falsification; my application will be rejected and I will be declared ineligible for membership. If so admitted, I hereby pledge to obey and observe faithfully the By-laws and Regulations of the Society, and to comply with all the Norms and Deliberations approved by the Society in its meetings.

By signing my NAME and entering the DATE below, I acknowledge that this is a legal document and an official application for membership into the Christopher Columbus Italian Society.

Signature:	Date: (mm/dd/yyyy)
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**Refer to the *Membership, Article III, Section 9* for Application Acknowledgement and Procedure Information.
Please send application fee of \$25 to CCIS, 201 Piazza Italia, San Antonio, TX 78207.**

Application will not be read before the membership until application fee has been received.