

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

www.iasosp.org

Steve Dante, President
Telephone: 727-224-8731

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:

Italian Language Classes	_____	Education Committee	_____
Cultural Committee	_____	Fundraising Committee	_____
Membership Committee	_____		
Social Committee	_____		

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

Annual Dues are \$30 per person. Make check payable to Italian American Society of St. Petersburg.
Monthly General Meetings: Third Thursday of the month at 6:45 p.m. at Gulfport Sr. Center, 5501 27th Ave. S.

SIGNATURE _____

Date Paid: _____

Check No. _____ Cash _____