132 S. Algoma Street, Thunder Bay, ON, P7B 3B8
Phone: (807) 345-5511 Fax: (807) 344-7921 Website: www.italiansocietypa.ca

- **REGULAR MEMBERSHIP**
- **ASSOCIATE MEMBERSHIP**

Date of Application _____
(MM) (DD) (YR)

Applicant Name: _____
Address: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Date of Birth: _____
(MM) (DD) (YR)
Place of Birth: _____
Marital Status: Married _____ Single _____
If associate member, please state mother's/wife's maiden name: _____

Please List Any Children Under the Age of Ten		
NAME	**DATE OF BIRTH**	**GENDER**

I, hereby make application to become a member of the Italian Society of Port Arthur

_____ _____
(please print name) Signature

I vouch that the applicant is of good moral character and worthy of membership in the Italian Society of Port Arthur

_____ _____
(please print name) Signature

Membership fees are $45.00 including HST per year, apportioned for the balance of the year. Initiation fee of $20.00 for all applicants. You will become an Exempt Member after 30 consecutive years of paid membership.

OFFICE USE ONLY
PAID _____ **RECEIPT TO**_____ **DATE** _____
DATE RECOMMENDED BY EXECUTIVE _____
DATE ACCEPTED BY SOCIETY _____ **DATE INITIATED** _____