



Italian American Club of Livonia

39200 Five Mile Road Livonia Michigan 48154 - Phone: 734-953-1106 Fax: 734-953-2992 - www.iacl.us

MEMBERSHIP APPLICATION

Date _____

Last Name _____ First Name _____ Date of Birth _____ Italian *Circle One* Yes / No

Spouse's Maiden Name _____ Spouse's First Name _____ Date of Birth _____ Italian Yes / No

Anniversary _____ Home Address _____

Home Phone _____ Cell Phone _____ Spouse's Cell _____

E-Mail Address _____ Spouse's E-Mail _____

Occupation _____ Spouse's Occupation _____

Italian Heritage Region _____ Parents _____ Grandparents _____
if applicable

Spouse's Region _____ Parents _____ Grandparents _____
if applicable

List children still living at home (*if applicable*) - children over 21 years must have their own membership

Name	Relationship	Date of Birth	Cell Phone	E-Mail Address

I, the undersigned, hereby apply for membership in the Italian American Club of Livonia

Sponsor's Signature

Applicant's Signature

MEMBERSHIP OPTIONS *check one only*

Annual Renewal Membership*

- ____ \$250.00 per year FAMILY *includes children 20yrs and younger*
- ____ \$150.00 per year SENIORS *couples 66yrs and older*
- ____ \$150.00 per year SINGLES *26yrs and older*
- ____ \$ 35.00 per year YOUNG ADULT SINGLE *18-25yrs*

Lifetime Membership *no dues obligation*

- ____ \$2000.00 one-time payment
- ____ \$ 500.00 initial payment with three quarterly payments of \$500.00 each
- Balance must be paid in full within 2 years*

**Renewal dues must be paid by March 1st. If payment is made after March 1st, a reinstatement fee of \$50.00 will be charged*

LIFETIME AND ANNUAL MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

Return form with your payment payable to ITALIAN-AMERICAN CLUB OF LIVONIA (IACL)

Attention Loredana, 39200 Five Mile Road Livonia MI 48154

If you have any questions, please contact Loredana O'Neil 734-953-1106 x2 or loredana@iacl.us

Office Use Only: Date Accepted _____ Check _____ Check Number _____ Cash _____

REVISED 05/30/2017