

Last Name:

First Name:

Address:

Telephone:

Cell Phone

Date Of Birth:

E-mail

City:

L'Associazione Culturale Italiana Di New York MEMBERSHIP APPLICATION

Please save this document, complete and send via email to tdipiazza@associazioneny.org
Dues are \$50.00 annually – make check payable to Associazione Culturale Italiana 66-33 Fresh Pond Road Ridgewood, NY 11385 Phone: 718-821-3582 Fax: 718-386-1944

Citizenship:			
Committees of interest to you: (please check all that apply)	Art & Literature Children Community Concerts Culture Sports		
If Family Membership, list names of spouse and children below:			Date Of Birth
1.			
2.			
3.			
4.			
5.			
6.			
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