

# ITALIAN AMERICAN MARCHING CLUB

*"Pride In Our Heritage"*

106 Johanna Ct.  
Slidell, La. 70458  
(504) 421-0955

## APPLICATION FOR MEMBERSHIP

I hereby declare that I am of Italian heritage and wish to tender my application for membership in the ITALIAN AMERICAN MARCHING CLUB. If accepted, I agree to fully abide by its By-Laws. I understand that the ITALIAN AMERICAN MARCHING CLUB may deny my application at its discretion. I also understand that the ITALIAN AMERICAN MARCHING CLUB may terminate my membership at any time at its discretion.

### PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

I would prefer to receive correspondence via my e-mail address rather than through the U.S. mail.

ADDRESS: \_\_\_\_\_

(Street Number)

(City)

(State)

(Zip)

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY OR PARISH: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

I am a new member who is being sponsored by the following ITALIAN AMERICAN MARCHING CLUB member in good standing: \_\_\_\_\_

I am a returning member. My previous years of membership include: \_\_\_\_\_

Dues are **\$75.00** per year if paid on or before December 31st. After December 31st, dues are **\$85.00** through the day before the parade. On parade day, dues are **\$95.00**. I understand that if I fail to pay my membership dues for more than one (1) year, I must complete and file a new Application for Membership.

Please make your check or money order payable to "ITALIAN AMERICAN MARCHING CLUB" and mail to:

**ITALIAN AMERICAN MARCHING CLUB**

**P.O. Box 19372**

**New Orleans, LA 70179**

**If you have any questions, please call Mr. Mark Sigur at (504) 421-0955,  
or you can e-mail him at [info@italianamericanmarchingclub.org](mailto:info@italianamericanmarchingclub.org).**

**PLEASE REMEMBER TO INCLUDE YOUR CHECK OR MONEY ORDER!!!**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_