

ITALIAN AMERICAN MARCHING CLUB

"Pride In Our Heritage"

1515 Poydras St., Suite 1400
New Orleans, La. 70112
(504) 561-1006

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/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: _____

I have a daughter and/or granddaughter age _____ that would like to be a Maid in the ITALIAN AMERICAN MARCHING CLUB. Her name and phone number are _____.

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
c/o Mr. Mark Sigur
106 Johanna Court
Slidell, LA 70458

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

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

APPLICANT'S SIGNATURE: _____ DATE: _____