



Join the *Italian American Club of Lansing*

MEMBERSHIP APPLICATION

(Membership year is May 1st to April 30th)

Member(s) Name: _____

Italian Family Name Affiliation (if applicable) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____

Email Address: _____

Family Membership: *(names of children)*

Membership Fee: *(check applicable category):*

- | | |
|--|--|
| <input type="checkbox"/> \$45.00/Family (children up to 18 years of age) | <input type="checkbox"/> \$35.00/Individual (18 years or older) |
| <input type="checkbox"/> \$15.00/Senior/Retiree (70 years & older) | <input type="checkbox"/> \$20.00/Student (ages 18 to 25) |
| <input type="checkbox"/> \$30.00/Associate/Supporter (referred by 2 active members) | |

Referred by: _____

Mail Application and Payment: Italian American Club of Lansing
P.O. Box 27456
Lansing, MI 48909

If you have questions, please email Tony DeLuca, at deluca_iac@yahoo.com

Maintain the Italian heritage, culture, and traditions by supporting the IAC of Lansing!

Thank you